

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WRITE PLAINLY WITH INK IN THIS MARGIN. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw of Columbia.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
71069

(1) PLACE OF BIRTH
 County of Aiken
 Township of Farmville
 or
 Inc. Town of Registration District No. 701 Registered No. 39
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 26</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Harvey Leuthbaum</u>	(14) NAME BEFORE MARRIAGE <u>Bartha Halman</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Dalley, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Dalley, S.C.</u>			
(10) COLOR OR RACE <u>Negro.</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>46</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Aiken Co.</u>	(18) BIRTHPLACE <u>Aiken Co.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Stenographer</u>			
(20) Number of children born to mother, including present birth { <u>7</u>	(21) Number of children of this mother now living, including present birth { <u>7</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:00 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edith Williams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Medison Springs, S.C. P.O.

Given name added from a supplemental report
 _____, 191...
 _____, 191...
 Registrar

(26) Witness Edmond R. Rouse
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Aug 30 1916 (28) W. S. McNeil
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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