

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Township of *Marion*
or
Inc. Town of.....
or
City of.....

Registration District No. *2407*

Registered No. *60*
(For use of Local Registrar)

(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 *Edward Lee Leach Jr.* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH... *May 31* 19 *16*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *E. L. Leach*
(9) PRESENT POSTOFFICE OF FATHER *Chippell, S.C.*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY... *28* (Years)
(12) BIRTHPLACE *S.C.*
(13) OCCUPATION *Banker*
(20) Number of children born to mother, including present birth *Two*

MOTHER.
(14) NAME BEFORE MARRIAGE *Fannie Stutler*
(15) PRESENT POSTOFFICE OF MOTHER *Chippell, S.C.*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY... *40* (Years)
(18) BIRTHPLACE *S.C.*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... *born alive or stillborn* at *8 P.M.* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *J. L. Hollings*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Chippell, S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Sept 7* 19 *16* (28) *J. L. Hollings* 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.