

MARGIN RESERVED FOR BINDING.

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

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

OF BIRTH

74042

Township of .....  
or  
Inc. Town of.....  
or

Registration District No. 2407

Registered No. 69  
(For use of Local Registrar)

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 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, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME E. L. Leach  
(9) PRESENT POSTOFFICE OF FATHER Campbell, 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 Campbell, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY... 40 (Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION Home Wife  
(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 ... at ...  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Holmberg  
(24) State whether Physician or Midwife Physician  
(25) Address of Physician or Midwife Campbell, S.C.

Given name added from a supplemental report  
.....  
..... 19 .....

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 7, 1916 (28) J. L. Holmberg 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.