Form No. 10.

WARNING: REMOVED FOR BINDING.

WHEN FILLED, GIVE THIS CERTIFICATE FOR A SEPARATE BLANK—THIS IS A PERMANENT RECORD.

No. 1. Surgeon of Physician for Certificate use a SEPARATE BLANK for each child, and mark the Address—Form No. 2, etc., in question 6.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
29815

(1) PLACE OF BIRTH
County of Williamsburg
Township of Williamsburg
Inc. Town of ..... Registration District No. 100 Registered No. 44
(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 Nicholas Miller Leslie If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy
(4) Twin or Triplet? No
(5) Number in order of birth
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH May 13, 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME William Leslie	(14) NAME BEFORE MARRIAGE Annie L. Drury
(9) PRESENT POSTOFFICE OF FATHER Williamsburg	(15) PRESENT POSTOFFICE OF MOTHER Williamsburg
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE Williamsburg Co.	(18) BIRTHPLACE Williamsburg
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 12	(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Lee M.D.
(24) State whether Physician or Midwif. (25) Address of Physician or Midwife Williamsburg

Given name added from a supplemental report Nov. 19 1915
E. W. Muller Deputy Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed August 1915 (28) E. W. Muller Local Registrar.

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

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.