

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 2.

(1) PLACE OF BIRTH

County of Greenville

Township of .....

OR  
Inc. Town of .....

OR  
City of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4377

Registration District No. 2209A

Registered No. 59

(For use of Local Registrar)

EMMA MOSS BOOTH, MEMORIAL HOSPITAL

(No. .... St. .... Ward)

(2) Full Name of Child John Baxter Ledford

If child is not yet named, make supplemental report as directed

3) BOY OR  
GIRL

4) Twin  
or Triplet?

To be answered only in case of Twins or Triplets

5) Number in  
order of birth 2

6) Are  
Parents  
Married? Yes

7) DATE OF  
BIRTH

Feb 9 1922  
(Name of Month) (Day) (Year)

FATHER.

8) FULL  
NAME

John Leary

9) PRESENT  
POSTOFFICE  
OF FATHER

Unknown

10) COLOR  
OR  
RACE

W

11) AGE AT LAST  
BIRTHDAY 40  
(Years)

12) BIRTHPLACE

Unknown

13) OCCUPATION

Mill Employee

20) Number of children born to  
mother, including present birth

12

MOTHER.

14) NAME BEFORE  
MARRIAGE

Lizzie Ledford

15) PRESENT  
POSTOFFICE  
OF MOTHER

Greenville, S.C.

16) COLOR  
OR  
RACE

W

17) AGE AT LAST  
BIRTHDAY 25  
(Years)

18) BIRTHPLACE

N.C.

19) OCCUPATION

Mill Employee

21) Number of children of this mother  
now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. W. Boyse

(24) State whether Physician or Midwife

Phys

(25) Address of Physician or Midwife

Greenville

Given name added from a supplement  
report

(26) Witness

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

(27) Filed

Mar 8 22

19

(28) Local Registrar.

19  
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.

(Date of)

19 42 M.B. Woodward, M.D.

Registrar.

Registrar.