

(1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of .....

or

City of Columbia

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

(2) Full Name of Child Leslie King Baggott { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? B(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH June 11

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James L Baggott

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

Wh(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Minister(20) Number of children born to mother, including present birth { 2 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Leslie King

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

Wh(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE

Sa

(19) OCCUPATION

—(21) Number of children of this mother now living, including present birth { 2 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P M., on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)(23) (Signature) M. D. Baggott

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MSColumbia, S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness

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

(27) Filed 1-19 191.....

(28)

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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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

23624

Registration District No. 38 Registered No. 15-07 (For use of Local Registrar)City of Columbia (No. Baptist Hospital St.; — Ward)(2) Full Name of Child Leslie King Baggott { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? B(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH June 11

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WHITE MAINLY, 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 5.  
McGraw, of Columbia.