

(1) PLACE OF BIRTH

County of Calhoun

Township of

or Inc. Town of St. Matthews

City of

(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

6670

Registration District No. 8 A Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child Rebecca Leigler

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

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH: March 9 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Leigler

(9) PRESENT POSTOFFICE OF FATHER St. Matthews

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Amie Lammone

(15) PRESENT POSTOFFICE OF MOTHER St. Matthews

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Housewife

(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 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amy Williams (24) State whether Physician or midwife midwife (25) Address of Physician or Midwife St. Matthews S.C.

Given name added from a supplemental report

(26) Witness D.R. Abel (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 17th 1922 (28) D.R. Abel 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.

FORM 10-1918, REVISED 1921, PUBLISHED BY THE STATE BOARD OF HEALTH, COLUMBIA, S. C.