

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 6.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
 2658

County of Union
 Township of Buffalo SC
 or
 Town of Buffalo SC
 or
 City of Buffalo SC
 (No. 5 of 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 Brookford Mack Leigon
 (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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 12, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. H. Leigon
 (9) PRESENT POSTOFFICE OF FATHER Buffalo SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45
 (Year) (12) BIRTHPLACE Virginia
 (13) OCCUPATION mill work

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Collins
 (15) PRESENT POSTOFFICE OF MOTHER Buffalo SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32
 (Year) (18) BIRTHPLACE North Carolina
 (19) OCCUPATION home-work

(20) Number of children born to mother, including present birth 2
 (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 Born alive at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O. P. Thomson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Buffalo SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Jan. 9, 1922 (27) Filed Jan. 9, 1922 (28) J. T. H. H. H. 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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