

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Cherokee  
OR  
Inc. Town of.....  
OR  
City of.....

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

File No. — For State Registrar Only  
**36449**

Registration District No. 11. P.O. 2<sup>a</sup> Registered No. 120  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name & same instead of street and number.)  
(2) Full Name of Child Madelaine Ledger

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 3 1943  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Simpson Calhoun Ledger  
(9) PRESENT POSTOFFICE OF FATHER Chesnee, SC  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Year)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Epinetha Megan  
(15) PRESENT POSTOFFICE OF MOTHER Chesnee, SC  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Year)  
(18) BIRTHPLACE SC  
(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 Born alive at 7:00 A.M. on the date above stated. (Born alive or stillborn? (Hour "A.M. or P.M.)

(23) (Signature) O.M. B. Kaplan (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chesnee, SC

Given name added from a supplemental report

L.A. Riser, M.D.  
7/16/43 1943  
Registrar

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

(27) Filed 11/10 1943 (28) J. Blockhouse 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 10-3-43  
FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc. in question 1.  
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.