

(1) PLACE OF BIRTH

County of *Durham*

Township of

or
Inc. Town of *Blackville*

City of

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

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

8-13-75

Registration District No. *J-A* Registered No. *22*

(2) Full Name of Child *Leah Wengrow*

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) Age Parents Married? *70* (7) DATE OF BIRTH *Nov 4*
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME *Louis Wengrow*

MOTHER. (14) NAME BEFORE MARRIAGE *Mary Sherman*

(9) PRESENT POSTOFFICE OF FATHER *Blackville*

(15) PRESENT POSTOFFICE OF MOTHER *Blackville S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30*
(Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20*
(Years)

(12) BIRTHPLACE *Russia*

(18) BIRTHPLACE *Russia*

(13) OCCUPATION *Merchant*

(19) OCCUPATION *wife*

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

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

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1:15 P.M.* on the date above stated. (Hour (P.M. or A.M.))

(23) (Signature) *Wengrow A. Eyer M.D.*
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Blackville S.C.*

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Nov 24 1916* (28) *E.S. Hammond*
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.

Registrar Local Registrar

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REGISTRATION OF BIRTHS - FIRST-BORN, No. 1, THE OFFICE, No. 2, ETC., IN QUESTION 5.

Vertical text on the right edge of the page, including "MAY 1916" and other markings.