

(1) PLACE OF BIRTH

County of *Barnwell*

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.)

(2) Full Name of Child *Leah Wengrow*

File No. - For State Registrar Only

8-13-25

Registration District No. *5-A* Registered No. *22*

(For use of Local Registrar)

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age Parents Married? *7*(7) DATE OF BIRTH *Nov. 4*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Louis Wengrow*(9) PRESENT POSTOFFICE OF FATHER *Blackville*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30* (Years)(12) BIRTHPLACE *Russia*(13) OCCUPATION *Merchant*(20) Number of children born to mother, including present birth *one*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Sherman*(15) PRESENT POSTOFFICE OF MOTHER *Blackville S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20* (Years)(18) BIRTHPLACE *Russia*(19) OCCUPATION *Wife*(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.(23) (Signature) *Wengrow A. Eyer*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Blackville S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 24 1925

(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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