

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston
 (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
84649

(2) Full Name of Child Willie Leffland Leffland
 Registration District No. 91 Registered No. 1778
 (For use of Local Registrar)
 St.; Ward
 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 12 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joseph Leffland
 (9) PRESENT POSTOFFICE OF FATHER Charleston
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 41
 (12) BIRTHPLACE Charleston
 (13) OCCUPATION labor
 (30) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Victoria Chalmers
 (15) PRESENT POSTOFFICE OF MOTHER Charleston
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION washer
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 830 Ark on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Nelson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 32 Sumner St

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filled 11/18 1916 (28) J. M. ... 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.

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 5.

Registrar. Filed Nov 10/24/16