

Form No. 10. MARGIN RESERVED FOR BINDING G. 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 5.
McGaw, of Columbia.

(1) PLACE OF BIRTH
County of Florence
Township of Lake

or
Inc. Town of
or
City of
(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
55836

Registration District No. 2009 Registered No. 37
(For use of Local Registrar)

(2) Full Name of Child Overland Legerley { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr-14-6
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Quincy Legerley

(9) PRESENT POSTOFFICE OF FATHER Les. S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Les. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Hanna

(15) PRESENT POSTOFFICE OF MOTHER Les. S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Les. S.C.

(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 Alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. S. Coady

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Phy Johnsonville, N.C.

Given name added from a supplemental report

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

(27) Filed Apr 16 (28) P. L. Carter 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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