

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of LeGette

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

21811

Registration District No. Registered No. 3

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Marion LeGette If child is not yet named, make supplemental report as directed(3) SEX OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 23, 1923(8) FULL NAME Fredrick LeGette (9) PRESENT POSTOFFICE OF FATHER Centenary S.C. (10) COLOR OR RACE Negro (11) AGE AT BIRTH 34 (12) BIRTHPLACE So. Car.(13) OCCUPATION Farmer Laborer (14) NAME BEFORE MARRIAGE Annaphine Pee (15) PRESENT POSTOFFICE OF MOTHER Centenary S.C. (16) COLOR OR RACE Negro (17) AGE AT BIRTH 24 (18) BIRTHPLACE So. Car.(19) OCCUPATION Housewife (20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Born A. M. or P. M.) on the date above stated.(23) (Signature) Helvina K. Gordon (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Centenary S.C.

Given name added from a supplemental report

(26) Witness J. P. Howell (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 23, 1923 (28) W. B. Howell 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.