

Form No. 1

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

21811

County of *Marion*Township of *LeGette*or  
Inc. Town of .....or  
City of .....Registration District No. .... Registered No. *31*

(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) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>July 23 1923</i> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <i>Freddie LeGette</i>	(14) NAME BEFORE MARRIAGE <i>Annaphine Pee</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Centenary S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Centenary S.C.</i>			
(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT BIRTH <i>34</i> (Years)	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT BIRTH <i>25</i> (Years)	
(12) BIRTHPLACE <i>So. Car.</i>	(18) BIRTHPLACE <i>So. Car.</i>			
(13) OCCUPATION <i>Farm Laborer</i>	(19) OCCUPATION <i>Housewife</i>			
(20) Number of children born to mother, including present birth <i>8</i>	(21) Number of children of this mother now living, including present birth <i>4</i>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was ... *Alive* ... at *4 P. M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Helvina K. Gordon*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
*Centenary S.C.*

Given name added from a supplemental report

(26) Witness *J. P. Powell*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *July 23 1923* (28) *J. P. Powell*  
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.