

Form No. 1

(1) PLACE OF BIRTH

County of Wilkes
 Township of Belton
 of
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

461:

Registration District No. 3344 Registered No. 14
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child W. S. Leggett

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 15 2 3
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. L. Leggett
 (9) PRESENT POSTOFFICE OF FATHER Cliv. S.C.
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Leggett
 (15) PRESENT POSTOFFICE OF MOTHER Cliv. S.C.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 32
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Laundry

(20) Number of children born to mother, including present birth 1 3

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:45 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Isabelle Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 19 1911 (28) W. H. H. Key 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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 Bureau of Statistics, Columbia, S. C.