

(1) PLACE OF BIRTH
County of Spaulding
Township of Campbell
or
Inc. Town of Registration District No. 4001-6
or
City of (No. St.; Ward)
(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
91801

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 9 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. Moses Leagan
(9) PRESENT POSTOFFICE OF FATHER Campbell
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 50 (Years)
(12) BIRTHPLACE N.C.
(13) OCCUPATION Farmer & Miller
(20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Harriet Mable McMath
(15) PRESENT POSTOFFICE OF MOTHER Campbell
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42 (Years)
(18) BIRTHPLACE N.C.
(19) OCCUPATION Domestic
(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 alive at 8:45 a.m. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. E. Stevens
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Campbell S.C.

Given name added from a supplemental report

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

(27) Filed Mar 10 1916 (28) C. L. Mayhew 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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