

MARGIN RESERVED FOR BINDING.

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 1.

Revised by Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Greenwood
 Township of Callison
 OF SC
 Inc. Town of
 OR
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7256

Registration District No. 202 Registered No. 4
 (For use of Local Registrar)

(2) Full Name of Child Benny Lee Lagron

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

(6) Are

Parents

(7) DATE OF

BIRTH

Jan 20 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL

NAME

Marshall Lagron

(9) PRESENT

POSTOFFICE

OF FATHER

(10) COLOR

OR

RACE

Black

(11) AGE AT LAST

BIRTHDAY

29

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farm Labour

(20) Number of children born to

mother, including present birth

1 7

MOTHER.

(14) NAME BEFORE

MARRIAGE

Elizann Bonny

(15) PRESENT

POSTOFFICE

OF MOTHER

(16) COLOR

OR

RACE

Black

(17) AGE AT LAST

BIRTHDAY

30

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(21) Number of children of this mother

now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:00 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Polly Hogue

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeCallison, SCGiven name added from a supplement-
tal report

(26) Witness

Lula Clegg
(Signature of Witness necessary only
when question 22 is signed by mark)(27) Signed Mar. 17 1923(28) W. H. Clegg, Jr.
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 be reported as stillborn. No report is desired of stillbirths
 made the fifth month of pregnancy.