

1. PLACE OF BIRTH

County of Charleston

Township of _____

or
Inc. Town of 10 Mile Hill

City of _____

(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

Registration District No. _____

(No. 10 Mile Hill St. _____ Ward _____)Father Earther Ligure

FILE No. For State Registrar Only

13911 ARegistered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD

1. BOY OR GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

May 1st, 1922

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

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

8. FULL NAME <u>David Ligure</u>	
9. PRESENT POSTOFFICE OF FATHER <u>10 Mile Hill</u>	
10. COLOR OR RACE <u>Col.</u>	11. AGE AT LAST BIRTHDAY <u>19</u> (Years)
12. BIRTHPLACE <u>Charleston Col S.C.</u>	
13. OCCUPATION <u>Laborer- Railroad</u>	
20. Number of children born to mother, including present birth { <u>1</u>	

14. NAME BEFORE MARRIAGE <u>Maybell Henderson</u>	
15. PRESENT POSTOFFICE OF MOTHER <u>10 Mile Hill</u>	
16. COLOR OR RACE <u>Col.</u>	17. AGE AT LAST BIRTHDAY <u>15</u> (Years)
18. BIRTHPLACE <u>Charleston, S.C.</u>	
19. OCCUPATION <u>At home.</u>	
21. Number of children of this mother now living, including present birth { <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature Emma Dunnens

24. State whether Physician or Midwife

Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

_____, 192____

26. Witness

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

27. Filed

2/16/30

19____

Leon B

28. _____

Registrar

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.

IN CASE OF TWINS OR TRIPLETS, SEPARATELY, ONE FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 4.