

Registration Dist. No. 3101

STATE OF SOUTH CAROLINA
BOARD OF HEALTH

CERTIFICATE OF LIVE BIRTH

BIRTH No. - 139

16-078028

TYPE, OR PRINT IN
PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

Registrar's No. 28

CHILD—NAME		FIRST	MIDDLE	LAST	DATE OF BIRTH (MONTH, DAY, YEAR)		HOUR
1. MYRTLE ADELLE LEAPHART					2a. JUNE 29, 1916		2b. 1:20P. M.
SEX	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH		
3. FEMALE	4a.		4b.		5a. LEXINGTON		
CITY, TOWN, OR LOCATION OF BIRTH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)			
5b. BOILING SPRINGS		5c.		5d.			
MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
6a. Ethel				Roof	6b. 16	6c. S. C.	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
7a. S. C.		7b. Lexington	7c. Lexington		7d.	7e.	
FATHER—NAME		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
8a. Noah		C.		Leaphart	8b. 17	8c. S. C.	
USUAL OCCUPATION				KIND OF BUSINESS OR INDUSTRY			
8d. Farmer				8e.			
SIGNATURE OF MOTHER				MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)			
9a.				9b.			
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.				DATE SIGNED (MONTH, DAY, YEAR)		ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY)	
10a. SIGNATURE J. P. Drafts				10b.		10c. M. D.	
CERTIFIER—NAME (TYPE OR PRINT)				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
10d. J. P. Drafts, M. D.				10e. Leesville, S. C.			
REGISTRAR—SIGNATURE				DATE RECEIVED BY LOCAL REGISTRAR			
11a. P. H. Derrick				11b. MONTH DAY YEAR Oct. 6, 1916			

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY

RACE—FATHER		EDUCATION—SPECIFY HIGHEST GRADE COMPLETED			PREVIOUS DELIVERIES—HOW MANY OTHER CHILDREN		
WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		ELEMENTARY (0,1,2,3,4, . . . OR 8)	HIGH SCHOOL (1,2,3, OR 4)	COLLEGE (1,2,3,4, OR 5+)	ARE NOW LIVING	WERE BORN ALIVE— NOW DEAD	WERE BORN DEAD (FETAL DEATH AT ANY TIME AFTER CONCEPTION)
12. White		13.			14a.	14b.	14c.
RACE—MOTHER		EDUCATION—SPECIFY HIGHEST GRADE COMPLETED			DATE OF LAST LIVE BIRTH		DATE OF LAST FETAL DEATH
WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		ELEMENTARY (0,1,2,3,4, . . . OR 8)	HIGH SCHOOL (1,2,3, OR 4)	COLLEGE (1,2,3,4, OR 5+)	MONTH DAY YEAR	MONTH DAY YEAR	MONTH DAY YEAR
15. White		16.			17a.		17b.
DATE LAST NORMAL MENSES BEGAN		MONTH OF PREGNANCY PRENATAL CARE BEGAN		PRENATAL VISITS TOTAL NUMBER	LEGITIMATE	BIRTH WEIGHT	
MONTH DAY YEAR		FIRST, SECOND, THIRD, ETC. (SPECIFY)		(IF NONE, SO STATE)	(SPECIFY YES OR NO)		
18.		19a.		19b.	20. Yes	21.	
MOTHER'S BLOOD TESTED FOR SYPHILIS? (SPECIFY YES OR NO)			LABORATORY		WHAT PROPHYLATIC USED IN EYES?		
22. DATE			22a.		22b.		
COMPLICATIONS OF PREGNANCY			(DESCRIBE OR WRITE "NONE")		BIRTH INJURIES TO CHILD		
23.			(DESCRIBE OR WRITE "NONE")		24.		
COMPLICATIONS OF LABOR			(DESCRIBE OR WRITE "NONE")		CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD		
25.			(DESCRIBE OR WRITE "NONE")		26.		

DEATH
UNDER ONE YEAR
OF AGE
ENTER STATE FILE
NUMBER OF DEATH
CERTIFICATE FOR
THIS CHILD.MULTIPLE BIRTHS
ENTER STATE FILE
NUMBER FOR
MATE(S)
LIVE BIRTH(S)

SBH-609—REV. 1968 650M