

Registration Dist. No. 3101STATE OF SOUTH CAROLINA  
BOARD OF HEALTH

## CERTIFICATE OF LIVE BIRTH

Birth No. - 139

16-078028

TYPE, OR PRINT IN  
PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONSRegistrar's No. 28CHILD—NAME FIRST MIDDLE LAST DATE OF BIRTH (MONTH, DAY, YEAR) HOUR  
1. **MYRTLE ADELLE LEAPHART** 2a. **JUNE 29, 1916** 2b. **1:20P. M.**

CHILD

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

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

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.

CERTIFIER

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

FATHER

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.

MOTHER

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  
15. **White** 16. 17a. 17b.DATE LAST NORMAL MENSES BEGAN MONTH DAY YEAR MONTH OF PREGNANCY PRENATAL CARE BEGAN FIRST, SECOND, THIRD, ETC. (SPECIFY) PRENATAL VISITS TOTAL NUMBER (IF NONE, SO STATE) LEGITIMATE (SPECIFY YES OR NO) BIRTH WEIGHT  
18. 19a. 19b. 20. **Yes** 21.DEATH  
UNDER ONE YEAR  
OF AGEMOTHER'S BLOOD TESTED FOR SYPHILIS? (SPECIFY YES OR NO) MONTH DAY YEAR LABORATORY WHAT PROPHYLACTIC USED IN EYES? (SPECIFY)  
22. DATE 22a. 22b.ENTER STATE FILE  
NUMBER OF DEATH  
CERTIFICATE FOR  
THIS CHILD.COMPLICATIONS OF PREGNANCY (DESCRIBE OR WRITE "NONE") BIRTH INJURIES TO CHILD (DESCRIBE OR WRITE "NONE")  
23. 24.MULTIPLE BIRTHS  
ENTER STATE FILE  
NUMBER FOR  
MATE(S)COMPLICATIONS OF LABOR (DESCRIBE OR WRITE "NONE") CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (DESCRIBE OR WRITE "NONE")  
25. 26.

LIVE BIRTH(S)

SBH-609—REV. 1968 650A