

(1) PLACE OF BIRTH

County of Lexington
Township of Lexington
or
Inc. Town of
or
City of

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

File No. For State Registrar Only
8373

Registration District No. 3109 Registered No. 11
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>February 10, 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Loefling, Leoplant Harmon</u>			14) NAME BEFORE MARRIAGE <u>Maggie Capton Roland</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Lexington, S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Lexington, S.C.</u>	
10) COLOR OR RACE <u>white</u>		11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	17) AGE AT LAST BIRTHDAY <u>36</u> (Years)	
12) BIRTHPLACE <u>Lexington Co., S.C.</u>			18) BIRTHPLACE <u>Lexington, S.C.</u>	
13) OCCUPATION <u>strawman in cotton mill</u>			19) OCCUPATION <u>Home</u>	
20) Number of children born to mother, including present birth <u>7</u>			21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)
W. Kingard, M.D.

(24) State whether, Physician

(25) Address of Physician or Midwife
Lexington, 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 ap 21 22 (28) C. E. Taylor Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

STATE OF SOUTH CAROLINA
BUREAU OF VITAL STATISTICS
FORM NO. 2 (REVISED 1921)
DEPARTMENT OF HEALTH

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