

## (1) PLACE OF BIRTH

County of *Christchurch*Township of *Lenoirville*Inc. Town of *Leno S.C.*

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Mildred Virginia Langley*

File No.—For State Registrar Only

51674

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *1106* Registered No. *35*

(For use of Local Registrar)

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Mar 8 1916*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Russ Langley*(9) PRESENT POSTOFFICE OF FATHER *Leno S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23* (Years)(12) BIRTHPLACE *Leno S.C.*(13) OCCUPATION *mill operator*(20) Number of children born to mother, including present birth *7*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Mattie Wilson*(15) PRESENT POSTOFFICE OF MOTHER *Leno S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *32* (Years)(18) BIRTHPLACE *Leno S.C.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *1-45 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *M. A. Langley*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *midwife Leno S.C.*

Given name added from a supplemental report

191

Registrar

(26) Witness *J. M. Gust* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *3/10 1916* (28) *J. M. Gust* 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.

WHENEVER REPORTED BY A PHYSICIAN OR MIDWIFE, THIS FORM IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THIS OTHER. NO. 2, ETC., IN QUESTION 3.