

(1) PLACE OF BIRTH

County of Greenville

Township of Lenoirville

or Inc. Town of Leno S.C.

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

51674

Registration District No. 1106

Registered No. 35

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

(2) Full Name of Child. Mildie Virginia Langley

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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 8 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Ruse Langley

(9) PRESENT POSTOFFICE OF FATHER Leno S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Greenville County 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 Greenville County 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 midwife (25) Address of Physician or 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, 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.

*WHENEVER BIRTHS OF TWINS OR TRIPLETS ARE REPORTED, THE REGISTRAR SHOULD BE ADVISED IN ADVANCE BY THE PHYSICIAN OR MIDWIFE. IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN N. NO. 1, THE OTHER N. NO. 2, ETC., IN QUESTION 5.