

(1) PLACE OF BIRTH

County of WinfieldTownship of X 9

or Inc. Town of

City of

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

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

3753

Registration District No. 1908 Registered No. C

(For use of Local Registrar)

(No. St. South Ward)(2) Full Name of Child Marion Eris Ligon If child is not yet named, make supplemental report as directed

| | | | | |
|------------------------------|-------------------------------|--|-------------------------------------|--|
| (1) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? <u>X</u> | (5) Number in order of birth <u>4X</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Feb. 2</u> 190 <u>3</u> (Name of Month) (Day) (Year) |
|------------------------------|-------------------------------|--|-------------------------------------|--|

FATHER.

(8) FULL NAME Robert William Ligon(9) PRESENT POSTOFFICE OF FATHER Summerville S.C.

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 34
(Year)

(12) BIRTHPLACE

(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Beaufort Ligon(15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34
(Year)

(18) BIRTHPLACE

(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at Summerville S.C. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) Samuel Ligon(24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerville

(26) Given name added from a supplemental report

(27) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(28) Date Feb. 15 1923 (29) D. C. Puff

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it should be reported as stillborn. No report is desired of stillborns after the fourth month of pregnancy.