

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort  
 Township of Beaufort  
 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  
**63185**

Registration District No. 600 Registered No. 1358  
 (For use of Local Registrar)

(2) Full Name of Child... Isisian Legare ...  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH 6-12-1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Legare  
 (9) PRESENT POSTOFFICE OF FATHER Port Royal S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE Beaufort County.  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth One

MOTHER

(14) NAME BEFORE MARRIAGE Joyce Green  
 (15) PRESENT POSTOFFICE OF MOTHER Port Royal S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Beaufort County  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Alice Jones

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Port Royal

Given name added from a supplemental report

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

(27) Filed 6-10-1916 (28) M. B. Cope 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.

WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN No. 1, THE OTHER, No. 2, etc., in question 5.  
 McCRAW, OF CHARLESTON.