

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of Beaufort

or

Inc. Town of

or

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

63185

Registration District No. 600Registered No. 1358

(For use of Local Registrar)

(2) Full Name of Child Isisian Legare

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 Parent 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

MOTHER

(14) NAME BEFORE MARRIAGE Joy 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
 (20) Number of children born to mother, including present birth One
 (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 6:10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miss Jones(24) State whether Physician or Midwife (25) Address of Physician or Midwife Port Royal

Given name added from a supplemental report

1916

Registrar

(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 FADING INK—THIS IS A PERMANENT RECORD.
 N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.