

(1) PLACE OF BIRTH

County of Cherokee
 Township of Cherokee
 or
 Inc. Town of
 or
 City of

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

No. 6354
 Registered No. 31
 (For use of Local Registrar)

Registration District No. 1000A Registered No. 31
 (For use of Local Registrar)

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

(2) Full Name of Child Wala Leagon If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Type of Twins (5) Number in order of birth (6) Sex of Mother 1912 (7) DATE OF BIRTH Feb 14 1923
 To be reported only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Clifford Leagon</u>	(14) NAME BEFORE MARRIAGE <u>Lela Bolton</u>	(14) NAME BEFORE MARRIAGE <u>Lela Bolton</u>	(14) NAME BEFORE MARRIAGE <u>Lela Bolton</u>
(9) PRESENT RESIDENCE OF FATHER <u>Cherokee Falls</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Cherokee Falls</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Cherokee Falls</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Cherokee Falls</u>
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>
(11) AGE AT LAST BIRTHDAY <u>21</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>
(12) BIRTHPLACE <u>Cherokee County</u>	(18) BIRTHPLACE <u>Cherokee County</u>	(18) BIRTHPLACE <u>Cherokee County</u>	(18) BIRTHPLACE <u>Cherokee County</u>
(13) OCCUPATION <u>farming</u>	(19) OCCUPATION <u>farming</u>	(19) OCCUPATION <u>farming</u>	(19) OCCUPATION <u>farming</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>

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

(23) (Signature) Mary C. Carr
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Blackburg

Given name added from a supplemental report
 (26) Witness Miss Mike
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Feb 30 1923 (28) John A. Robison
 Registrar 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.