

Form No. 1

(1) PLACE OF BIRTH

County of HershawTownship of Buf. loraInc. Town of JeffersonCity of Jefferson

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4283

Registration District No. 2700 Registered No. 11

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of Jefferson (No. 11 St. A.C. Ward)(2) Full Name of Child Roderick E. Earl Leggett If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH <u>Jan 27</u> (Name of Month) (Day) (Year)
--------------------------------	--	------------------------------	-------------------------	--

FATHER.

(8) FULL NAME Cleveland Earner

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

(10) COLOR OR RACE Wd (11) AGE AT LAST BIRTHDAY 29 (Year)

(12) BIRTHPLACE anywhere

(13) OCCUPATION farmer

(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Lottie Miller

(15) PRESENT POSTOFFICE OF MOTHER Jefferson S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Year)

(18) BIRTHPLACE anywhere

(19) OCCUPATION housekeeper

(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Margaret Morgan at Jefferson on the date above stated.

(22) (Signature) Margaret Morgan

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness S. M. Souwell
(Signature of Witness necessary only when question 21 is signed by mark)(26) Filed Jan 27 (27) Local Registrar

When there was no attending physician or midwife, then the father, husband, or other person, if a child breathes even once, it must be reported as stillborn. No report is desired in stillbirths before the birth month of pregnancy.

REMARKS CONCERNED FOR RECORDING.

WRITE PLAINLY, WITH INK AND IN A PERMANENT RECORD.

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 2.

State of Columbia, Columbia, S. C.