

Form No. 1.

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of

(No. St.; Ward)
(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

46112

Registration District No. 1900

Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Suray Mageline Legg

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? X

(5) Number in order of birth

(6) Are Parents Married? X

(7) DATE OF BIRTH Jan. 13

(Name of Month) (Day) 1916 (Year)

To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME Frank Legg

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

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Shelton S.C.

(13) OCCUPATION Laborer, Farm

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Charles D. Legg

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

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Shelton S.C.

(19) OCCUPATION Wife of Farm Labor

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Stables

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

Midwife.

Given name added from a supplemental report

(26) Witness J. S. Legg

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

(27) Filed Jan 20 1916

(28) J. S. Legg 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.

MARGIN RESERVED FOR BINDING.

WRITE 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 mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.