

(1) PLACE OF BIRTH

County of Yam.

Township of

or
Inc. Town ofor
City of FT. MYR. FL.

(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

2773

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

(1) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 2 1922

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

FATHER

(8) FULL NAME Benjamin C. Legner(9) PRESENT POSTOFFICE OF FATHER FT MYR FL(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 42(12) BIRTHPLACE FT MYR FL(13) OCCUPATION merchandising(14) Number of children born to mother, including present birth 7(14) NAME BEFORE MARRIAGE Bessie White(15) PRESENT POSTOFFICE OF MOTHER FT MYR FL(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 43(18) BIRTHPLACE FT MYR FL(19) OCCUPATION housewife(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician 9 a

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) Filed Feb 10 1922(28) P. L. Parker

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.

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N. C. & C. of Columbia FIRST-ROBIN, No. 1, THIRD OTHER, No. 2, etc., in question 5.