

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town Piedmont

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
19768Registration District No. 3 BRegistered No. 47
(For use of Local Registrar)(No. St. Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child James Leagne

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

3) BOY OR GIRL Boy

4) Twin or Triplet

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married yes

7) DATE OF BIRTH

(Name of Month) (Day) (Year) July 4 1923

FATHER.

8) FULL NAME

Sam Leagne

9) PRESENT POSTOFFICE OF FATHER

Piedmont S.C.10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

(Year) 28

12) BIRTHPLACE

S.C.

13) OCCUPATION

Septic work

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Clara Belle Marm

(15) PRESENT POSTOFFICE OF MOTHER

Piedmont S.C.(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

(Year) 24

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 19 1923 (28) [Signature] 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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