

WHITE PLAIN, WITH UPWARD 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 8.

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3415

Registration District No. 201 Registered No. 20
 (For use of Local Registrar)

(No. 54.) Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet Number in order of birth (5) Are Parents Married Yes (6) DATE OF BIRTH Feb 25 - 23
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (7) FULL NAME Walker Bloomfield
 (8) PRESENT POSTOFFICE OF FATHER Charleston SC
 (9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 24
 (Year)
 (11) BIRTHPLACE SC
 (12) OCCUPATION Farm laborer

(13) Number of children born to mother, including present birth 3

MOTHER
 (14) NAME BEFORE MARRIAGE Florence Williams
 (15) PRESENT POSTOFFICE OF MOTHER Charleston SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (Year)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Farm laborer

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M.
 on the date above stated. (Born Alive or Stillborn) (A. M. or P. M.)

(22) (Signature) Mary H. H. H.
 (23) Name, whether Physician or Midwife Midwife (24) Address of Physician or Midwife Charleston SC

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)
7 Feb 25 - 23 (26) M. J. Ingram
 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed even once, it is reported as a birth. No report is desired of stillbirths before the birth month of pregnancy.