(1) PLACE OF BIRTH

County of Berkley

Township of 3 St. Stephens

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
13023

Registration District No. 704 Registered No. 32
(For use of Local Registrar)

(2) Full Name of Child Joanna Bell Legare (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: 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married: yes

(7) DATE OF BIRTH: May 2, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Joseph Legare

(9) PRESENT POSTOFFICE OF FATHER: Bethera

(10) COLOR OR RACE: white

(11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: Wando

(13) OCCUPATION: engineer

(20) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE: Gennie Morris

(15) PRESENT POSTOFFICE OF MOTHER: Bethera

(16) COLOR OR RACE: white

(17) AGE AT LAST BIRTHDAY: 18 (Years)

(18) BIRTHPLACE: Bethera

(19) OCCUPATION: house work

(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 Stillborn (Born alive or stillborn) at 7:30 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mattie Morris

(24) State whether Physician or Midwife: mid-wife

(25) Address of Physician or Midwife: Bethera

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed June 25 1923 (28) J. J. Geiger 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.