

(1) PLACE OF BIRTH

County of MarionTownship of Blair

Inc. Town of

Way of

(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

Registration District No. 3705

File No. - For State Registrar Only

41715Registered No. 105
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OR GUILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>12 28</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Edward Leggett
 (9) PRESENT POST OFFICE OF FATHER 114. ...
 (10) COLOR OR RACE ...
 (11) AGE AT LAST BIRTHDAY ...
 (12) BIRTHPLACE ...
 (13) OCCUPATION ...

MOTHER.

(14) NAME BEFORE MARRIAGE Lina ...
 (15) PRESENT POST OFFICE OF MOTHER ...
 (16) COLOR OR RACE ...
 (17) AGE AT LAST BIRTHDAY ...
 (18) BIRTHPLACE ...
 (19) OCCUPATION ...

(20) Number of children born to mother, including present birth 10(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (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 22 is signed by mother)

(27) Filed 12/28

19... 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.

19... Registrar

(27) Filed 12-28

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