(1) PLACE OF BIRTH

County of Calhoun

Township of Amelia

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
84557

Registration District No. 8

Registered No. 158
(For use of Local Registrar)

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

(2) Full Name of Child Flossie Jane Leigh

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Nov. 22 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jane Leigh

(9) PRESENT POSTOFFICE OF FATHER St. Matthews S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 50 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Farm Labor

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth

(15) PRESENT POSTOFFICE OF MOTHER St. Matthews S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 50 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Farm Labor

(21) 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 alive (Born alive or stillborn) at ..... M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lizzie Livingwood

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife St. Matthews S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Dec 22 1916 (28) O. R. Able
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.

WHITE PLANKS, WITH UNLOADING FLAPS, TO BE USED IN APPLYING FOR BIRTH RECORDS IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANK FOR EACH CHILD.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.