

(1) PLACE OF BIRTH

County of Kershaw

Township of Longleaf

or  
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

90405

Registration District No. 2704 Registered No. 213  
(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 Margann Milton } 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 6, 1917  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Milton

(9) PRESENT POSTOFFICE OF FATHER Legoff

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31  
(Years)

(12) BIRTHPLACE Kershaw Co.

(13) OCCUPATION working crop

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE annie Brown

(15) PRESENT POSTOFFICE OF MOTHER Legoff

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35  
(Years)

(18) BIRTHPLACE Kershaw Co.

(19) OCCUPATION working crop

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 ..... PM.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lidder X. Lee

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M. W. Lee Blount St.

Given name added from a supplemental report

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

(27) Filed Dec 14 1917 (28) M. D. W. Davis  
Local Registrar.

\*When there was no attending physician or midwife, then the father, household head, 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.

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 5.   
Char. of Columbia.