

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of Charlestonor
City of Charleston

(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

48292

Registration District No. 9A Registered No. 278

(For use of Local Registrar)

St.; (ward)

(2) Full Name of Child Matthew Frederick Sargent If child is not yet named, make supplemental report as directed

(a) BOY OR GIRL? <u>B.</u>	(4) Twin or Triplet?	(3) Number in order of birth	(5) Are Parents Married? <u>Y.</u>	(7) DATE OF BIRTH <u>Feb. 22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.		
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(8) FULL NAME <u>Charles Sargent</u>	(14) NAME BEFORE MARRIAGE <u>Walter Amanda Friend</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>
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(10) COLOR OR RACE <u>W.</u>	(16) COLOR OR RACE <u>W.</u>
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(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
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(12) BIRTHPLACE <u>Greenville N.C.</u>	(18) BIRTHPLACE <u>Charleston S.C.</u>
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(13) OCCUPATION <u>Painter</u>	(19) OCCUPATION <u>House wife</u>
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(20) Number of children born to mother, including present birth <u>Four</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Matthew Sargent(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 168 Broad St

Given name added from a supplemental report

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

(27) Filed 3/2 1916 (28) J. Mercer Green M.D.

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.

(Date of)

Address 401 E. 10th St.

Registrar.

Filed 5/8 1916J. M. Green, M.D.

Corrected: AUG 17 1916

1. PLACE OF BIRTH
County of Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

FILE No. - For State Registrar Only
48292 = 10

Township of _____
or
City of Charleston, S.C.

Bureau of Vital Statistics
State Board of Health

Registration District No. 9a

Registered No. 228

(No. 271 Coming Street)

(For use of Local Registrar)

FULL NAME OF CHILD

Fred Matthew Leggett

Boy or Girl
Male

If Plural
births

4. Twin, triplet, or other

5. Premature

7. Are parents

8. Date of birth Feb 27, 1916

Full
name

FATHER
Charles Leggett

Residence (usual place of abode)
(If non-resident, give place and State)

Chas. S.C.

Color or race White

12. Age at last birthday 36 (Years)

13. Birthplace (city or place)
(State or country)

Greenville, N.C.

14. Trade, profession, or occupation
kind of work done, as speaker,
lawyer, bookkeeper, etc.

Contractor

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

Painter

16. Date (month and year) last
engaged in this work

17. Total time (years)
spent in this work

18. Full
maiden
name

MOTHER
Lilly A. Friend

19. Residence (usual place of abode)
(If non-resident, give place and State)

Chas. S.C.

20. Color or race White

21. Age at last birthday 36 (Years)

22. Birthplace (city or place)
(State or country)

Charleston, S.C.

23. Trade, profession, or occupation
kind of work done, as bookkeeper,
typist, nurse, clerk, etc.

Housewife

24. Industry or business in which
work was done, as silk mill,
lawyer's office, silk mill, etc.

25. Date (month and year) last
engaged in this work

26. Total time (years)
spent in this work

27. Number of children of this mother
(At time of this birth and including this child)

(a) Born alive and now living 2

(b) Born alive but now dead 1

(c) Stillborn 0

28. If stillborn,
period of gestation

(months
weeks)

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive

at 271 Coming St.

(When there was no attending physician
or midwife, then the father, grandfather,
etc., should make this statement.)

Give name added from
a supplemental report

(Date of)

Signature

(Signed)

M. D. Friend

M. D.

Address Chas.

Frederick

HEALTH OFFICER