

Form No. 1

(1) PLACE OF BIRTH

County of

Municipality of

or

Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4006 Registered No. 72
(For use of Local Registrar)St.; Ward
(No.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Full Name of Child Leura Languin If child is not yet named, make supplemental report as directed1 SEX OR
GIRL2 TWIN
OR TRIPLET3 NUMBER IN
ORDER OF BIRTH4 ARE
PARENTS
MARRIED5 DATE OF
BIRTH 6-2-23
(Name of Month) (Day) (Year)

FATHER.

6 FULL
NAME7 PRESENT
POSTOFFICE
OF FATHER8 COLOR
OR
RACE

9 BIRTHPLACE

10 OCCUPATION

11 Number of children born to
mother, including present birth(11) AGE AT LAST
BIRTHDAY 27
(Years)(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(16) BIRTHPLACE

(16) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour 11 P. M. or P. M.)
on the date above stated. July 13, 1923

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplement-
al report

(26) Witness

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

(27) Filed

July 13, 1923 (28) M. W. Brown
Local RegistrarWhen 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