

(1) PLACE OF BIRTH

County of Thos. J. LeeTownship of Mills

or

Inc. Town of

or

City 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

File No. For State Registrar Only

72785

Registration District No. 2012 Registered No. 76

(For use of Local Registrar)

(2) Full Name of Child Leggett Milby Langston

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

(5) Number in order of birth

1

(6) Are Parents Married?

yes(7) DATE OF BIRTH Aug 51916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Daniel Leggett Langston

(9) PRESENT POSTOFFICE OF FATHER

Serauton R.F.D. 1

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

37

(Years)

(12) BIRTHPLACE

Mills

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Magdalen Collins

(15) PRESENT POSTOFFICE OF MOTHER

Serauton SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Serauton SC

(19) OCCUPATION

House wife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 1:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

M. A. G. Loyd

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

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed 8/41916

(28)

A. S. Kelley

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.