

(1) PLACE OF BIRTH

County of Florence
 Township of E. beneger
 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
72714

Registration District No. 2003 Registered No. 65
 (For use of Local Registrar)

City of (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 Boy Leggin } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Aug 28, 1916</u>
<small>To be answered only in event of Twins or Triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME Richard Richardson

(9) PRESENT POSTOFFICE OF FATHER Florence

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE

(13) OCCUPATION Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Vicy Leggin

(15) PRESENT POSTOFFICE OF MOTHER Florence

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

(18) BIRTHPLACE Florence

(19) OCCUPATION Domestic

(21) 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 alive at 11:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha T. Swinton
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife E beneger

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness R. L. Peaves
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 7, 1916 (28) R. L. Peaves Local Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 McCaw, of Columbia.

*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.