

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

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

Margaret Hilda Todd

File No.—For State Registrar Only

4797

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1907

Registered No. 13

(For use of Local Registrar)

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

R. Todd

(9) PRESENT POSTOFFICE OF FATHER

Barksdale SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35

(12) BIRTHPLACE

(13) OCCUPATION

Farming

(14) NAME BEFORE MARRIAGE

Susan Margaret Shannon

(15) PRESENT POSTOFFICE OF MOTHER

Barksdale SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

34

(18) BIRTHPLACE

Virginia

(19) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

J. M. Deane

(24) State whether Physician or Midwife

Address of Physician or Midwife
Lawrence SC

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

July 15 1911

(28)

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.

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