

Form No. 1

(1) PLACE OF BIRTH

County of Darlington
 Township of Holly Hill
 or
 Inc. Town of Holly Hill
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 2609No. 11569Registered No. 64
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Margaret Earl

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

(3) SEX OF CHILD Girl (4) Type or Figure To be covered only in event of Twin or Triplets (5) Age at Birth No (6) DATE OF BIRTH March 25, 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Jacob Earl
 (9) PRESENT RESIDENCE OF FATHER Holly Hill S.C.
 (10) COLOR Negro (11) AGE AT LAST BIRTHDAY 26
 (Name)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Mill Hand
 (14) Number of children born to mother, including present birth 4

MOTHER
 (15) NAME BEFORE MARRIAGE Janie Graham
 (16) PRESENT RESIDENCE OF MOTHER Holly Hill S.C.
 (17) COLOR Negro (18) AGE AT LAST BIRTHDAY 29
 (Name)
 (19) BIRTHPLACE S.C.
 (20) OCCUPATION Cook
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Virginia Suggins(24) State whether Physician or Midwife(25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(26) Witness M. Seecorner
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Apr 12, 1923 by H. M. Seemann
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.