

(1) PLACE OF BIRTH

County of LeeTownship of Bishopvilleor Town of Bishopvilleor City of Bishopville

(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

Registration District No. 30 A

File No. — For State Registrar Only

8246

Registered No. 9

(For use of Local Registrar)

Sec. 9 Ward 9(2) Full Name of Child Lottie Mariland Mc Duff

(3) SEX OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb. 25, 1922

(Name of Month) (Day) (Year)

MOTHER.

FATHER.

(8) FULL NAME Haskell Mc Duff

(9) PRESENT POSTOFFICE OF FATHER Bishopville S.C.

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Lee Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE Elmora Wilkins

(15) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Wilmington

(19) OCCUPATION Home work

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

at 7:31 A.M.

(Hour A.M. or P.M.)

(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) on the date above stated.(23) (Signature) Martha Dargatz(24) State whether Physician or Midwife Bishopville

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

(27) Registrar

(28) Local Registrar

(29) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired if stillborn before the fifth month of pregnancy.