

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Sumter
Township of Manchester
or
Inc. Town of
or
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4108 Registered No. 103
(For use of Local Registrar)

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2. FULL NAME OF CHILD

Margaret Elizabeth Ragins

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

3. Boy or Girl Girl 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... 7. Are Parents yes 8. Date of birth Dec. 12, 1943
(Month, day, year)

9. Full name FATHER John Thomas Ragins
10. Residence (mailing address) Sumter Co., S.C.
(If non-resident, give place and State)

18. Name before marriage MOTHER Clara Singleton
19. Residence (mailing address) Sumter Co., S.C.
(If non-resident, give place and State)

11. Color or race C. 12. Age at child's birth 36 (years)
13. Birthplace (city or place) Sumter Co., S.C.
(State or country)

20. Color or race C. 21. Age at child's birth 20 (years)
22. Birthplace (city or place) Sumter Co., S.C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labrie
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw mill
16. Date (month and year last) engaged in this work..... 17. Total time (years) spent in this work.....

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year last) engaged in this work..... 26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at.....m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Mrs. Clara Ragins Parent

or....., Guardian.

Given name added from a supplementary report.....
(Date of)

Address.....

Filed 4-21, 1942 Carl B. Epps

Registrar.

a.a. Registrar.