

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 **Standard Certificate of Birth**
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Township of Manchester
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

FIL 23 048045 nly
 UNDO

2. FULL NAME OF CHILD Margaret Elizabeth Ragins If child is not yet named, make supplemental report as directed.

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

9. Full name **FATHER**
John Thomas Ragins

18. Name before marriage **MOTHER**
Clariss Singleton

10. Residence (mailing address)
 (If non-resident, give place and State) Sumter Co., S.C.

19. Residence (mailing address)
 (If non-resident, give place and State) Sumter Co., S.C.

11. Color or race C. 12. Age at child's birth 36 (years)

20. Color or race C. 21. Age at child's birth 20 (years)

13. Birthplace (city or place) Sumter Co., S.C.
 (State or country)

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

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Saw mill

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year last) engaged in this work 17. Total time (years) spent in this work....., 19.....

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work....., 19.....

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. Clariss Ragins Parent
 or....., Guardian

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

Address.....
 Filed 4-21, 1942 Carl B. Epps
a.a. Registrar

Registrar.