

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

2) Full Name of Child *Maggie Elizabeth Traubler*File No. — For State Registrar Only
11981Registration District No. *4582* Registered No. *12*

(For use of Local Registrar)

(No. St. Ward)

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

(3) BOY OR GIRL
Girl

(4) Twin or Triplet?

(5) Number in order of birth
To be entered only in case of twin or triplets(6) Are Parents Married?
Yes(7) DATE OF BIRTH *Mar. 7 1922*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Thomas Jennings Traubler*(9) PRESENT POSTOFFICE OF FATHER *Tray St.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *18*
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*

(14) Number of children born to mother including present birth

One

MOTHER

(15) NAME BEFORE MARRIAGE *Daisy Myrtle Gandy*(16) PRESENT POSTOFFICE OF MOTHER *Tray St.*(17) COLOR OR RACE *White*(18) AGE AT LAST BIRTHDAY *19*
(Years)(19) BIRTHPLACE *S.C.*(20) OCCUPATION *Housewife*

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *Chapman*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Tray St.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *May 1922* (28) *E. H. Mosley* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return before the fifth month of pregnancy.

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