

(1) PLACE OF BIRTH

County of *McClellan*

Township of *Greenwood*

or  
Inc. Town of

or  
City of

(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

File No. — For State Registrar Only

**11981**

Registration 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.

2) Full Name of Child *Maggie Elizabeth Traylor*

(3) BOY OR GIRL  
*Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age Parents Married *Yes*

(7) DATE OF BIRTH *Mar. 7 1922*  
(Name of Month) (Day) (Year)

#### FATHER

(8) FULL NAME *Thomas Jennings Franklin*

(9) PRESENT POSTOFFICE OF FATHER *Trayala*

(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

(14) NAME BEFORE MARRIAGE *Daisy Myrtle Gray*

(15) PRESENT POSTOFFICE OF MOTHER *Trayala*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *19* (Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *House wife*

(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 or stillborn* at *Trayala, S.C.* (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) *E. H. Mosley*

(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Trayala, S.C.*

Given name added from a supplemental report

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

(27) Filed *May 22 1922* (28) *E. H. Mosley* 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.

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