

(1) PLACE OF BIRTH

County of Laurens
 Township of Hunter

Inc. Town of
 or

City of Laurens

(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. 41278 For State Registrar Only

Registration District No. 29B

Registered No. 107

(For use of Local Registrar)

(No. D. H. Hospital)

St. 1 Ward 1

(2) Full Name of Child Margaret Bernice Litzgerald

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

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 5 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. B. Fitzgerald

(9) PRESENT POSTOFFICE OF FATHER Laurens

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Ala

(13) OCCUPATION Linotypist

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Janeta Johnson

(15) PRESENT POSTOFFICE OF MOTHER Laurens

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

(18) BIRTHPLACE Ala

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive as born (Born alive or stillborn) (M. A. M. or P. M.) on the date above stated.

(23) (Signature) J. L. Shanks

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens S.C.

(26) Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(28) File No. 41278 (29) J. L. Shanks (30) Laurens S.C.

When there was no attending physician or midwife, then the father, household, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN V. No. 1. THE OTHER, No. 2, etc., in question 1.

Gov. of Columbia