

## (1) PLACE OF BIRTH

County of Aiken

Township of .....

Inc. Town of .....

City of .....

(No. .... St.; .... Ward)  
(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

19639

Registration District No 4 P. 2 Registered No. 9  
(For use of Local Registrar)(2) Full Name of Child Maggie Lee Corder

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

3

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Oct 2 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

W. H. Corder

(9) PRESENT POSTOFFICE OF FATHER

A. P. Samaria St

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24  
(Years)

(12) BIRTHPLACE

Lexington County, S.C.

(13) OCCUPATION

Farming

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Rogers

(15) PRESENT POSTOFFICE OF MOTHER

A. P. Samaria St

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24  
(Years)

(18) BIRTHPLACE

Lexington County, S.C.

(19) OCCUPATION

Housewife

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... born ... at 11:30 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. H. Corder

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mo. R. Anteburg St

Given name added from a supplemental report

Gamie LoneyOct 19 1923  
Registrar

(26) Witness

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

(27) Filed Aug 12 1923(28) H. F. Holstein  
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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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