

## (1) PLACE OF BIRTH

County of BlacksburgTownship of Blacksburg

Inc. Town of .....

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 Register

630

Registration District No. 1A00ARegistered No. 6  
(For use of Local Registrar)

## (2) Full Name of Child

Margaret Louise

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

(3) SEX OF CHILD

Girl

(4) Type of Birth

To be covered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age of Mother

23

(7) DATE OF BIRTH

(Month of Birth) (Day) (Year)

## FATHER.

(8) FULL NAME

Robert Stope

(9) PRESENT RESIDENCE OF FATHER

Blacksburg SC

(10) COLOR OF FATHER

Brown

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Miner

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

Two

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lulann Lockett

(15) PRESENT RESIDENCE OF MOTHER

Blacksburg

(16) COLOR OF MOTHER

Brown

(17) AGE AT LAST BIRTHDAY

22

(18) BIRTHPLACE

Blacksburg

(19) OCCUPATION

House work

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

Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was .... Alive ..... at 9 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeCharleston

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed June 15, 1923 (28) J. R. R. Roberts