

PLACE OF BIRTH

City of Darlington
County of Highland

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

13670

Registration District No. 1503 Registered No. 24
(For use of Local Registrar)
or (No. of Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Margaret Lee Shirley If child is not yet named, make supplemental report as directed

NOT OR (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 7 1923
girl (Name of Month) (Day) (Year)

FATHER

FULL NAME Clarence Shirley
PRESENT POSTOFFICE OF FATHER Darlington S.C.
COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Darlington Co.
OCCUPATION Farmer
Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Martha Johnson
(15) PRESENT POSTOFFICE OF MOTHER Darlington
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Darlington Co.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Sybil L. Bailey (23) Address of Physician or Midwife mark

Name added from a supplemental report

(26) Witness J. D. Alexander (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 10 1923 (28) J. S. Lander Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

BEFORE THE FIFTH MONTH OF PREGNANCY