

Form No. 1

## (1) PLACE OF BIRTH

County of YellowTownship of Harleesville

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

29942

Registration District No. 1692 Registered No. 109

(For use of Local Registrar)

City of ..... (No. .... St. .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Margaret Webster (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 Sept. 21, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frederic H. Webster(9) PRESENT POSTOFFICE OF FATHER Little Rock, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 45  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Hammond(15) PRESENT POSTOFFICE OF MOTHER Little Rock, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 37  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. J. Hardy, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Myrtown, 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 Sept. 30, 1922

(28)

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.