

No. 1

## (1) PLACE OF BIRTH

County of WilliamsburgTownship of Margousor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No. - For State Registrar Only  
**26586**Registration District No. 4306Registered No. 45  
(For use of Local Registrar)(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 W. C. MargousIf child is not yet named, make  
supplemental report as directed(3) BOY OR  
GIRL(4) Twin  
or Triplet(5) Number in  
order of birth(6) Are  
Parents  
Married yes(7) DATE OF  
BIRTHSept. 11, 1923  
(Month of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEIzrel Manson(9) PRESENT  
POSTOFFICE  
OF FATHERCades. S.C.(10) COLOR  
OR  
RACEnegro(11) AGE AT LAST  
BIRTHDAY52  
(Years)

(12) BIRTHPLACE

Williamsburg Co.

(13) OCCUPATION

Farming(14) Number of children born to  
mother, including present birth8

## MOTHER.

(14) NAME BEFORE  
MARRIAGEGillie. Epps(15) PRESENT  
POSTOFFICE  
OF MOTHERCades. S.C.(16) COLOR  
OR  
RACEnegro(17) AGE AT LAST  
BIRTHDAY30  
(Years)

(18) BIRTHPLACE

Williamsburg Co.

(19) OCCUPATION

House wife(20) Number of children of this mother  
now living, including present birth8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) State whether, Physician or Midwife

(24) Address of Physician or Midwife

midwifeCades. S.C.Given name added from a supplement-  
ed report(25) Witness B. M. Smith  
(Signature of Witness necessary only  
when question 23 is signed by mark)(26) Filed Sept. 6, 1923 (27) J. T. Garrison  
Local RegistrarWhen 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.