

(1) PLACE OF BIRTH

County of Lee
 Township of Cypress
 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
19303

Registration District No. 201 Registered No.
 (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 Margaret Joseph Wingate child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 25, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME J. H. Wingate Jr.
 (9) PRESENT POSTOFFICE OF FATHER Bishopville R 7 D
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 4

(14) NAME BEFORE MARRIAGE Minnie Brown
 (15) PRESENT POSTOFFICE OF MOTHER Bishopville R 7 D
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
 (18) BIRTHPLACE SC
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Foxworth(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Bishopville SC

Given name added from a supplemental report

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

(27) Filed 19 (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.

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