

## (1) PLACE OF BIRTH

County of Chas. Sc.

Township of .....

or

Inc. Town of .....

or

City of Chas. Sc.

(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 Registrar Only

6838

Registration District No. 9 ARegistered No. 452

(For use of Local Registrar)

(No. 12 1/2 Blake Y

St. .... Ward)

(2) Full Name of Child Margaret North

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

March 27, 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Abraham North

(9) PRESENT POSTOFFICE OF FATHER

Chas. Sc.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

30

(Year)

(12) BIRTHPLACE

Chas. Sc.

(13) OCCUPATION

Chaffer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Washington

(15) PRESENT POSTOFFICE OF MOTHER

Chas. Sc.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

28

(Year)

(18) BIRTHPLACE

Mt Pleasant Sc.

(19) OCCUPATION

Housewife

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alice 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

affidmidwife150 North St

Given name added from a supplemental report

Thos. P. Lesane12-6-47

18 .....

Registrar

(26) Witness

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

(27) Filed

4/119 22

(28)

J. Menden Green M.D.

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.

Filed

3/2819 22

Corrected

NOV 20 1922

Registrar.