

CERTIFICATE OF BIRTH

County of Laurens
Township of Laurens #1

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

File No. — For State Registrar Only
15637

Inc. Town of Registration District No. 2904 Registered No. 61
(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 Mearns ... } If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? girl

(4) Twin or triplet? 4

(5) Number in order of birth 4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 4, 1972
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME 1057. [illegible]

(9) PRESENT POSTOFFICE OF FATHER. *Laurie*

(10) COLOR OR RACE *Polish* (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE
Laguna

(13) OCCUPATION Farming

20) Number of children born to mother, including present birth { *Four*

(14) NAME BEFORE MARRIAGE *Bessie Hearings*

(15) PRESENT POSTOFFICE OF MOTHER *Laurel*

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Cross Hill S.C.

(19) OCCUPATION Farming

(21) Number of children of this mother
now living, including present birth *5 same.*

CERTIFICATE OF ATTENDING ~~PHYSICIAN~~ OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Michael J. Cunningham*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness Wanda L. [Signature]
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) *May 15 22* 107 (28) *E. H. Smith*
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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