

## (1) PLACE OF BIRTH

County of *McMurrick*Township of *Richland*

Inc. Town of .....

City of .....

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

## (2) Full Name of Child

*Margaret Holloway*(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 *March 10, 1922*(8) NAME BEFORE MARRIAGE *Agnes Edmunds*(9) PRESENT POSTOFFICE OF MOTHER *McMurrick*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *23*(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Barber*(14) Number of children of this mother now living, including present birth *1*(15) NAME BEFORE MARRIAGE *Agnes Edmunds*(16) PRESENT POSTOFFICE OF MOTHER *McMurrick*(17) COLOR OR RACE *White*(18) AGE AT LAST BIRTHDAY *23*(19) BIRTHPLACE *S.C.*(20) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *1*(22) I hereby certify that I attended the birth of this child, who was *alive* on the date above stated. (Hour A. M. or P. M.) *at 4<sup>00</sup> P. M.*(23) (Signature) *J. M. Brown*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Richland, 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 *April 10, 1922* (28) Local Registrar *B. A. Matheson*

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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11960

Registered No. *42* (For use of Local Registrar)(No. *4300* St. *42* Ward)

(If 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 *March 10, 1922*(8) NAME BEFORE MARRIAGE *Agnes Edmunds*(9) PRESENT POSTOFFICE OF MOTHER *McMurrick*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *23*(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Barber*(14) Number of children of this mother now living, including present birth *1*(15) NAME BEFORE MARRIAGE *Agnes Edmunds*(16) PRESENT POSTOFFICE OF MOTHER *McMurrick*(17) COLOR OR RACE *White*(18) AGE AT LAST BIRTHDAY *23*(19) BIRTHPLACE *S.C.*(20) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *1*(22) I hereby certify that I attended the birth of this child, who was *alive* on the date above stated. (Hour A. M. or P. M.) *at 4<sup>00</sup> P. M.*(23) (Signature) *J. M. Brown*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Richland, 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 *April 10, 1922* (28) Local Registrar *B. A. Matheson*

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.