

CERTIFICATE OF BIRTH

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



(1) PLACE OF BIRTH

County of Aiken

Township of Law

Inc. Town of

City of

Registration District No. 211

Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Margie Lanham

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 the parents married Yes (7) DATE OF BIRTH Mar. 30, 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Rubin Lanham

(9) PRESENT POSTOFFICE OF FATHER Trenton S C

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40
(Year)

(12) BIRTHPLACE Edgefield County

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 12

MOTHER

(16) NAME BEFORE MARRIAGE Phillis Lanham

(18) PRESENT POSTOFFICE OF MOTHER Trenton S C

(19) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36
(Year)

(15) BIRTHPLACE Edgefield S C

(16) OCCUPATION House wife

(17) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Katie Christie mid wife

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Trenton S C

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Apr. 6, 1923 (28) M. F. Wharton Local Registrar

When the father, householder, etc., should make this return, the report is desired of stillbirths.

USE SEPARATE BLANK FOR EACH CHILD, and make the following statement, No. 1. THE OTHER, No. 2, etc., in question 1.