

(1) PLACE OF BIRTH

County of LanternTownship of Lantern

or

Inc. Town of

or

City of

(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

15633

Registration District No. 405Registered No. 66

(For use of Local Registrar)

(2) Full Name of Child

Maggie Bell Whitmore

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

May 12 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

William M. Whitmore

(9) PRESENT POSTOFFICE OF FATHER

Lantern SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

18

(Years)

(12) BIRTHPLACE

Lantern SC

(13) OCCUPATION

Farming

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

One

MOTHER

(14) NAME BEFORE MARRIAGE

Maggie Miller

(15) PRESENT POSTOFFICE OF MOTHER

Lantern SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

15

(Years)

(18) BIRTHPLACE

Lantern SC

(19) OCCUPATION

Domestic

(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 born alive at 8:45 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature

Camille Whitmore

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

Midwife Lantern SC

Given name added from a supplemental report

(26) Witness

D. M. Whitmore

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

(27) Filed

May 15 1922

(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.

before the fifth month of pregnancy.

File No.—For State Registrar Only

30

al Registrar

Ward

number

named, make report as directed

0. 2. 3.

Day (Year)

Dilbud

C. R. 4.

2. 8.

(Year)

1. 30

M. or P. M.

M. or P. M.

or Midwife

O. C.

60

Registrar

return