

(1) PLACE OF BIRTH

County of Union

Township of Santee

Inc. Town of

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

36681

Registration District No. 4206 Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child

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? No (7) DATE OF BIRTH July 7 1924

FATHER

MOTHER

(8) FULL NAME

(14) NAME BEFORE MARRIAGE Maggie Rivers

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER Santee S.C.

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

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Years) 37

(12) BIRTHPLACE

(18) BIRTHPLACE S.C.

(13) OCCUPATION

(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 17

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 9 P (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Harriet Hampton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife m.w. Santee

Given name added from a supplemental report

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

(27) Filed 11/10/24 (28) A. B. Jeter Jr. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

McCauley of Columbia