

(1) PLACE OF BIRTH

County of Chas.Township of "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.)

(2) Full Name of Child Elizabeth Margaret(3) NOT A
GIRL?(4) Twin
or Triplet?
To be answered only in event of Twins or Triplets(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? yes(7) DATE OF Dec. 15th
BIRTH (Name of Month) (Day) (Year)

(8) FATHER.

(9) FULL
NAME W^m James Regan(10) PRESENT
POSTOFFICE
OF FATHER Philadelphia(11) COLOR
OR
RACE W.(12) BIRTHPLACE New York City(13) OCCUPATION
?(14) Number of children born to
mother, including present birth 8

(15) MOTHER.

(16) NAME BEFORE
MARRIAGE Annie Benton(17) PRESENT
POSTOFFICE
OF MOTHER Chas.(18) COLOR
OR
RACE W.(19) AGE AT LAST
BIRTHDAY 31
(Years)(20) BIRTHPLACE Colleton County(21) OCCUPATION
—(22) Number of children of this mother
now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was Dec. 15th at 10 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(24) (Signature) R. T. M. Cray(25) State whether Physician or Midwife Midwife(26) Address of Physician or Midwife 516 South Battery(27) Given name added from a supplement-
tal report

(28) Registrar

(29) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(30) Filed 1/3 191... (31) 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.

Corrected: JUN 24 1940

File No.—For State Registrar Only

41275

Only

21

Registrar)

Ward)

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directed.

19 22

St.

(Years)

stated.

M.D.

Midwife

Do

LEON BAYOV