

## (1) PLACE OF BIRTH

County of *Cherokee*Township of *Hot Springs*or  
Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10323

Registration District No. *9 B*Registered No. *11*  
(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 *Margaret Koepfer*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Feb 20, 1922*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Wm Koepfer*(9) PRESENT POSTOFFICE OF FATHER *Wm Pleasant S C*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *40*

(Years)

(12) BIRTHPLACE *Wm Pleasant S C*(13) OCCUPATION *Sailor*(20) Number of children born to mother, including present birth *1-10*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Constana Johnson*(15) PRESENT POSTOFFICE OF MOTHER *Wm Pleasant S C*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *32*

(Years)

(18) BIRTHPLACE *Wm Pleasant S C*(19) OCCUPATION *House wife*(21) Number of children of this mother now living, including present birth *5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *White* at *5 P* M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Wm Pleasant S C*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Wm Pleasant 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 *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.

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MCCALL OF COLUMBIA, COLUMBIA, S. C.