

(1) PLACE OF BIRTH

(2) PLACE OF BIRTH

County of

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.)

(7) Full Name of Child

(3) BOY
GIRL

(4) True
or False

(5) NAME BEFORE
MARRIAGE

(6) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

(15) NAME BEFORE
MARRIAGE

(16) PRESENT
POSTOFFICE
OF MOTHER

(17) COLOR
OR
RACE

(18) AGE AT LAST
BIRTHDAY

(19) BIRTHPLACE

(20) OCCUPATION

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

(22) I hereby certify that I attended the birth of this child, who was

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

(27) Filed

(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.

CERTIFICATE OF BIRTH

FILE NO.—For State Registrar Only

CERTIFICATE OF BIRTH

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

FILE NO.—For State Registrar Only

41341

Registration District No. 1904

Registered No. 107

(For use of Local Registrar)

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

(7) Full Name of Child Margaret Eskew

(3) BOY
GIRL

(4) True
or False

(5) NAME BEFORE
MARRIAGE

(6) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

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

(15) NAME BEFORE
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POSTOFFICE
OF MOTHER

(17) COLOR
OR
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