

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY. WITH EXPANDING INK—THIS IS A PERMANENT RECORD.

IN BIRTH CASES OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1 THE OTHER, NO. 2, ETC., IN QUESTION 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		FILE NO.	
County of <u>Durham</u>		STATE OF SOUTH CAROLINA		42817	
Township of <u>Beeson Springs</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>4th P</u>		Registered No. <u>63</u>	
(No. .... St. .... Ward)		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(For use of Local Registrar)	
(2) Full Name of Child <u>Marguerite Mae Busch</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>To be answered only in event of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 28, 23</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Busch</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Roddy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Funcan SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Funcan SC</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)		
(18) BIRTHPLACE <u>SC</u>			(19) BIRTHPLACE <u>SC</u>		
(20) OCCUPATION <u>Farmer</u>			(21) OCCUPATION <u>Housewife</u>		
(22) Number of children born to mother, including present birth <u>One</u>			(23) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(24) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>3 P.</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(25) (Signature) <u>[Signature]</u>					
(26) State whether Physician or Midwife <u>Phys</u>					
(27) Address of Physician or Midwife <u>Funcan SC</u>					
Given name added from a supplemental report			(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 .....			(29) Filed <u>1-21-23</u> (30) <u>OTB Moore</u> 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.					

Form of Columbia, Columbia, S. C.