

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Bamberg  
 (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

13682

Registration District No. 4. ARegistered No. 18  
(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

Margaret Dewis

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

(3) SEX OR GUN

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

5/6/22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Sam Dewis

(9) PRESENT POSTOFFICE OF FATHER

Bamberg SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25  
(Years)

(12) BIRTHPLACE

Bamberg SC

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Morris

(15) PRESENT POSTOFFICE OF MOTHER

Bamberg SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18  
(Years)

(18) BIRTHPLACE

Bamberg SC

(19) OCCUPATION

Domestic

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

One

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6. 19. 22 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

5/9/22

(28)

John Cooper  
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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