

(1) PLACE OF BIRTH

County of Charleston

Township of Summerville

or
Inc. Town of

or
City of

(No. St. Ward)
(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

13305

Registration District No. 1002 Registered No. 31
(For use of Local Registrar)

(2) Full Name of Child Margaret Inez Hemmick (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 1 year (7) DATE OF BIRTH Mar 12
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. J. Hemmick

(9) PRESENT RESIDENCE OF FATHER Summerville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47
(Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE W. J. Hemmick

(15) PRESENT RESIDENCE OF MOTHER Summerville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 47
(Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Farmer

(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born Mar 12 1923 at Summerville,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Hemmick

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Summerville

(Given name added from a supplemental report)

Dan J. Strain 1923
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 10 19 23 (28) Dan J. Strain
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.

THIS IS THE FIRST-BORN OF THE FATHER AND MOTHER WHOSE NAMES ARE GIVEN HEREIN. IF THE CHILD IS NOT THE FIRST-BORN, SEE QUESTION 1.