

(1) PLACE OF BIRTH

County of MyrtleTownship of B. S. G. Marshall

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4.2.P.1.

File No.—For State Registrar Only

12293Registered No.
(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(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 Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

4/2/09
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mr. Hardy

(9) PRESENT POSTOFFICE OF FATHER

Myrtle

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35
(Year)

(12) BIRTHPLACE

Idaho

(13) OCCUPATION

Farmer

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

5

(14) NAME BEFORE MARRIAGE

Mr. M. M. M. M.

(15) PRESENT POSTOFFICE OF MOTHER

Myrtle

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25
(Year)

(18) BIRTHPLACE

Idaho

(19) OCCUPATION

Farmer

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(When name added from a supplemental report)

(26) Witness

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

(27) Filed

Apr. 16. 1909

(28)

Local Registrar.

19

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.

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.