

WHIT N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the TWINS "TWINNED" WITH UNFADING INK—THIS IS A PERMANENT RECORD.

(1) PLACE OF BIRTH

County of Lancaster
 Township of Lancaster
 or
 Inc. Town of Lancaster
 or
 City of Lancaster

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

46356

Registration District No. 5 Registered No. 5
 (For use of Local Registrar)

City of Lancaster (No. 36 Lancaster 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 Margaret Bailey } 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) Are Parents Married? yes (7) DATE OF BIRTH Aug 5 1914
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wiley Bailey

(9) PRESENT POSTOFFICE OF FATHER Lancaster

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Lancaster

(13) OCCUPATION Teacher

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Manning

(15) PRESENT POSTOFFICE OF MOTHER Lancaster

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Lancaster

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report

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

(27) Filed Aug 5 1914 (28) [Signature] 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.

Registrar (27) Filed (28) Local Registrar.

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