

(1) PLACE OF BIRTH

County of SpartanburgTownship of Cherokeeor
Inc. Town ofor
City of

(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

79245

Registered No. 213

(For use of Local Registrar)

(2) Full Name of Child Margaret Hargis

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Aug. 31(Name of Month) (Day) 1914 (Year)

FATHER.

(8) FULL NAME Cal Hargis(9) PRESENT POSTOFFICE OF FATHER Cherokee S.C.(10) COLOR OR RACE Caucasian(11) BIRTHPLACE S.C.(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth { 6 }

MOTHER.

(14) NAME BEFORE MARRIAGE Louisa Plak(15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C.(16) COLOR OR RACE Caucasian(17) BIRTHPLACE S.C.(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth { 6 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Hargis(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cherokee

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed Oct 19

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(28) W. H. Hargis

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.