

(1) PLACE OF BIRTH

County of Orangeburg  
 Township of Orangeburg  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward ....)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12405

Registration District No. 3611 Registered No. 13  
 (For use of Local Registrar)

(2) Full Name of Child

Magnolia Sistrunk (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 1st (6) Are parents married? Yes (7) DATE OF BIRTH March 12  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jacob Sistrunk  
 (9) PRESENT POSTOFFICE OF FATHER Raymond  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 73  
 (12) BIRTHPLACE Orangeburg Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Minda Green  
 (15) PRESENT POSTOFFICE OF MOTHER Raymond  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 36  
 (18) BIRTHPLACE Orangeburg Co  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Magnolia Sistrunk  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 3/15 1922 (28) W. W. Green 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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.