

(1) PLACE OF BIRTH

County of Richland Co.Township of 3Inc. Town of Blytheville, S.C.City of (No.)

(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

No. for State Registrar

29972

Registration District No. 3800 Registered No. 129

(For use of Local Registrar)

(2) Full Name of Child Maggie Whitlike

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin <u>yes</u> or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept 12, 1923</u> (Month of Birth) (Day) (Year)
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FATHER.

(8) FULL NAME Richard Whitlike(9) PRESENT POSTOFFICE OF FATHER Blytheville S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Kershaw S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth Eight 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lucilla Harrison(15) PRESENT POSTOFFICE OF MOTHER Blytheville S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Fairfield Co.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth Eight 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive 10:10 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie Whitlike

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 20, 1923 (28) L. H. M. Lee
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.