

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

8475

Registrar Only

Registration District No. 3303

Registered No. 10  
(For use of Local Registrar)

(No.)

(St.)

(Ward)

Full Name of Child Margaret Louise Freeman  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(If child is not yet named, make name as reported, report as directed)(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Age  
Person  
Married?(7) DATE OF  
BIRTHJan 30 22  
(Month) (Day) (Year)

## FATHER:

## MOTHER:

(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Freeman, S.C.,  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Name added from a supplement  
report

(26) Witness

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

(27) Filed

(28)

Local Registrar

If 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.

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named, make  
t as directed

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(Year)

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(Year)

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M.

(M. or P. M.)

ian or Midwife

Registrar.

return.