

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only
43100

Registration District No. 2214 Registered No. 44
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child Maggie

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
To be signed only in case of Twins or Triplets

(6) Are Parents Married? yes (7) DATE OF BIRTH Dec 22, 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME ess Ward
(9) PRESENT POSTOFFICE OF FATHER Wardless Rest. S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41
(12) BIRTHPLACE N. C.
(13) OCCUPATION Householder
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Cox
(15) PRESENT POSTOFFICE OF MOTHER Wardless Rest. S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(18) BIRTHPLACE N. C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. C. Goodwin
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 1915 (28) C. C. Goodwin 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 Dec 1915 (28) C. C. Goodwin Local Registrar

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WRIT N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCall of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.