

FORM NO. 7. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.

Law, of Columbia

(1) PLACE OF BIRTH

County of Derlington

Township of

or Inc. Town of Hartmill S.C.

or

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

963

Registration District No. 15 B

Registered No. 102

(For use of Local Registrar)

(2) Full Name of Child. Margaret Roseline Gardner

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

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan. 20

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

H. G. Gardner

(9) PRESENT POSTOFFICE OF FATHER

Hartmill S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

merchant

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lucy Lee

(15) PRESENT POSTOFFICE OF MOTHER

Hartmill S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

1

2

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

1

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:40 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

William H. Smith

(24) State whether Physician or Midwife (25) Address

Physician

Hartmill S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 15

1911

(28)

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.

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