

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Midway  
 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

18241

Registration District No. 12 D.S. Registered No. 4  
 (For use of Local Registrar)

(No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Margaret Lucinda Effs 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16, 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME E. C. Effs  
 (9) PRESENT POSTOFFICE OF FATHER New Lion, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Amy Johnson  
 (15) PRESENT POSTOFFICE OF MOTHER New Lion, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Richerson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife New Lion, S.C.

Given name added from a supplemental report

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

(27) Filed June 24, 22 (28) H. H. Smith  
 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.