

(1) PLACE OF BIRTH

County of Deeone
 Township of Ingalls
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

Registration District No. 3505Registered No. 178
 (For use of Local Registrar)

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

(2) Full Name of Child Margaret Anna Lunde
 (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in Order of Birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 19 1923</u> (Name of Month) (Day) (Year)
(8) FATHER'S <u>Cloud Lunde</u>			(9) MOTHER'S <u>Bertie Hemphre</u>	
(10) PRESENT RESIDENCE OF FATHER <u>Madison S.C.</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Same</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>25</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>24</u> (Year)	
(16) BIRTHPLACE <u>Illinois</u>		(17) BIRTHPLACE <u>Georgia</u>		
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Second</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 10:10 A.M.
 on the date above stated. (Born alive or stillborn) (Name P. M. or stillborn)

(23) (Signature) T. L. ...
 (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(26) Feb 17 1923 (27) Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

**When there was no attending physician or midwife, when the mother is not the father, then the mother 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.

FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 1.