

(1) PLACE OF BIRTH

County of Inders ouTownship of all

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

17531

Registration District No. 304Registered No. 6-9
(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 Alma Rebecca Dargatz
(Supplemental report as directed)

3. BOY OR GIRL?

4. Twin or Triplet? ☒5. Number in order of birth 16. Are Parents Married? Yes

7. DATE OF BIRTH

June 14, 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Calhoun Dargatz

9. PRESENT POSTOFFICE OF FATHER

Inders ou

10. COLOR OR RACE

White11. AGE AT LAST BIRTHDAY 37
(Years)

12. BIRTHPLACE

Inders ou

13. OCCUPATION

Farmer

MOTHER.

14. NAME BEFORE MARRIAGE

Nathaniel M. Fortigue

15. PRESENT POSTOFFICE OF MOTHER

Inders ou

16. COLOR OR RACE

White17. AGE AT LAST BIRTHDAY 24
(Years)

18. BIRTHPLACE

Inders ou

19. OCCUPATION

House wife

20. Number of children born to mother, including present birth

4

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Inders ou M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. A. Burgess MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Inders ou

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 20, 1922

(28)

S. M. C. Adams
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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