

WHEN 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.

(1) PLACE OF BIRTH
County of Calhoun
Township of Leah
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
29123

Registration District No. 801 Registered No. 78
(For use of Local Registrar)

(2) Full Name of Child Rhoda Limgard (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? No (7) DATE OF BIRTH Sept 6, 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Blanche Limgard
(9) PRESENT POSTOFFICE OF FATHER St. Matthews
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farm Hand
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Emma Limgard
(15) PRESENT POSTOFFICE OF MOTHER St. Matthews
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16
(18) BIRTHPLACE S.C.
(19) OCCUPATION Farm Hand
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mamie Whetstone
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 20, 19 22 (28) J. H. Mark 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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