

(1) PLACE OF BIRTH

County of ColumbiaTownship of Kander

In Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 800 - For this RegisterRegistration District No. 14A9 Registered No. 5-
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Margie Briem If child is not yet named, make supplemental report as directed

(a) SEX OF CHILD <u>girl</u>	(b) Type of Birth <u>It is reported in case of Twin or Triple</u>	(c) Number in order of birth	(d) Age of Mother <u>16</u>	(e) DATE OF BIRTH <u>June 3, 1943</u>
(f) FATHER'S NAME <u>9</u>		(g) MOTHER'S NAME <u>Margie Briem</u>		
(h) PRESENT RESIDENCE OF FATHER		(i) PRESENT RESIDENCE OF MOTHER <u>Hallsville</u>		
(j) COLOR OF FATHER	(k) AGE AT LAST BIRTHDAY (Years)	(l) COLOR OF MOTHER	(m) AGE AT LAST BIRTHDAY (Years)	
(n) BIRTHPLACE		(o) BIRTHPLACE		
(p) OCCUPATION		(q) OCCUPATION	<u>LL</u>	
(r) Number of children born to mother, including present birth		(s) Number of children of this mother now living, including present birth		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Margie Briem on the date above stated. (Born alive or stillborn) (Date M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 9 1943 (28) Mrs. Nancy Parley att 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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