

## (1) PLACE OF BIRTH

County of Williamsburg  
 Township of Trustee  
 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  
22874

Registration District No. H 311

Registered No. H 6  
 (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 Margherita Nemith

If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 20, 23  
 (Name Month Day Year)

## FATHER.

(8) FULL NAME David Nemith  
 (9) PRESENT POSTOFFICE OF FATHER Nemith  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26  
 (Year) (12) BIRTHPLACE Williamsburg Co  
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Mag Nemith  
 (15) PRESENT POSTOFFICE OF MOTHER Nemith L B  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
 (Year) (18) BIRTHPLACE Williamsburg Co  
 (19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:30 PM.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Philip Nemith  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nemith L B

Given name added from a supplemental report

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

(27) Filed July 24, 1923 (28) S. S. S. S. 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.