

Form No. 1

(1) PLACE OF BIRTH

County of CuthbertTownship of Pine Bluff

or

Inc. Town of Lone Star

or

City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41178

Registration District No. 803 Registered No. 105
(For use of Local Registrar)

(2) Full Name of Child

Margaret Walling

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 6(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Dec 13 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Leora Walling

(9) PRESENT POSTOFFICE OF FATHER

St Motte SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34
(Years)

(12) BIRTHPLACE

St Motte SC

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Leora Kemmerling

(15) PRESENT POSTOFFICE OF MOTHER

St Motte SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30
(Years)

(18) BIRTHPLACE

St Motte SC

(19) OCCUPATION

House wife

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

6

(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 at. 2 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma A. Nelson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

St Motte SC

Given name added from a supplemental report

(26) Witness

Mrs J. D. Stoddard
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Dec 26 1922

(28)

J. D. Stoddard
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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. B.—In case of TWINS, this form should be filled out SEPARATELY FOR EACH CHILD, and make the FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5. MCGRAW HILL BOOK CO., COLUMBIA, S. C.