

(1) PLACE OF BIRTH

County of Chesterfield
 Township of Calisthwa

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

8491

Inc. Town of
 or

Registration District No. 1203 Registered No. 8
 (For use of Local Registrar)

City of (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 Anna McGarlin Diggins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 18</u> 19 <u>23</u> (Name of Month) (Day) (Year)
(8) FATHER'S FULL NAME <u>Tom Diggins</u>		(9) MOTHER'S NAME BEFORE MARRIAGE <u>McGarlin</u>		
(10) PRESENT POSTOFFICE OF FATHER		(11) PRESENT POSTOFFICE OF MOTHER <u>Patrick SC</u>		
(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>-</u> (Years)	(14) COLOR OR RACE <u>W</u>	(15) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(16) BIRTHPLACE <u>N. C.</u>		(17) BIRTHPLACE <u>SC</u>		
(18) OCCUPATION <u>Wm Diggins</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 11:30 PM M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Anna McGarlin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Patrick St

Given name added from a supplemental report

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

(27) Filed Apr. 9, 1923 (28) J. A. Davis 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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