

## (1) PLACE OF BIRTH

County of CambridgeTownship of Elizabeth

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

31605

Registration District No. 36022Registered No. 72  
(For use of Local Registrar)

(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 Marguerite Fredrick

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

(3) BOY OR GIRL  
Girl(4) Twin or Triplet?  
To be answered only in event of Twins or Triplets

(5) Number by order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH April 2, 1922  
(Month) (Day) (Year)

## FATHER

(8) FULL NAME Jacob Fredrick(9) PRESENT POSTOFFICE OF FATHER North S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE Cambridge Co.(13) OCCUPATION Train Laborer(14) Number of children born to mother, including present birth 1

## MOTHER

(15) NAME BEFORE MARRIAGE Mrs. Livingston(16) PRESENT POSTOFFICE OF MOTHER North S.C.(17) COLOR OR RACE Negro(18) AGE AT LAST BIRTHDAY 20  
(Years)(19) BIRTHPLACE Cambridge Co.(20) OCCUPATION Train Laborer(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 14.00 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie Livingston

(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 23 is signed by mark)

(27) Filed Oct 15, 1922(28) F. H. Naegele

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.