

(1) PLACE OF BIRTH

County of L. H. HintonTownship of BrooklandInc. Town of BrooklandCity of Brookland

(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

18820

26

Registered No. 26
(For use of Local Registrar)(2) Full Name of Child Margaret H. Bagby If child is not yet named, make supplemental report as directed(3) SEX OF CHILD GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Parents Married Yes (7) DATE OF BIRTH June 10, 1924
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph H. Bagby(9) PRESENT POSTOFFICE OF FATHER Brookland(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Ala.(13) OCCUPATION Blacksmith(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Harvey(15) PRESENT POSTOFFICE OF MOTHER Brookland(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Brookland(19) OCCUPATION Domestic(20) 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 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Lybrand(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 1824 Park

(Given name added from a supplemental report)

See affidavit 10/28/24 J. P. Lybrand
Registrar

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

(27) Filed 9/28/23 (28) J. P. Lybrand 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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