

(1) PLACE OF BIRTH

County of Langston
 Township of Compse
 or
 Inc. Town of
 or
 City of NewBrookland

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

File No.—For State Registrar Only

14934

Registration District No. 3102Registered No. 079
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Margaret Celeste Busbee

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

(3) BOY OR GIRL girl (4) Type of Twin only (5) Number in order of birth two (6) Are Parents Married yes (7) DATE OF BIRTH March 21 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FIRST NAME L. S. Osabee

(9) PRESENT RESIDENCE OF FATHER NewBrookland

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Deputy

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

MOTHER
 (14) NAME BEFORE MARRIAGE Lora Busbee

(15) PRESENT RESIDENCE OF MOTHER NewBrookland

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
 (Year)

(18) BIRTHPLACE Tela

(19) OCCUPATION domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 A.M. on the date above stated.
 (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) W. A. Osabee

(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) Date 6/20 23(28) Signature of Registrar J. R. Osabee

When there was no attending physician or midwife, then the father, household, 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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