

(1) PLACE OF BIRTH

County of Orangeburg

Township of .....

or Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31669

Registration District No. 3609Registered No. 123

(For use of Local Registrar)

St.: ..... Ward)

(No. ....)

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

(2) Full Name of Child. Madeline Virginia Anger

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

(3) SEX OR GIRL? Girl(4) Twin or Triplet? 1(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 3, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME C.E. Angerfeld(9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 31

(Years)

(12) BIRTHPLACE Berkley Co. S.C.(13) OCCUPATION Auto-Mechanic(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Antley(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24

(Years)

(18) BIRTHPLACE Orangeburg Co.(19) OCCUPATION None(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 Alive at 3:30 A. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) C.E. Angerfeld(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept. 11, 1922(28) A.W. Hecquemar 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.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia