

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.

County of Columbia

Given name added from a supplement-  
tal report  
....., 191.....  
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.

MC

(1) PLACE OF BIRTH  
County of Fairfield  
Township of .....  
or  
Inc. Town of Hampton  
or  
City of .....

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

File No.—For State Registrar Only  
**46110**

Registration District No. 19-A Registered No. 2  
(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 S. S. S. If child is not yet named, make supplemental report as directed

(3) BOY or GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 20, 1916  
In be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Samuel Lindsay M.D.

(9) PRESENT POSTOFFICE OF FATHER Wilmington SC

(10) COLOR OR RACE white AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Cherter SC

(13) OCCUPATION Physician

(20) Number of children born to mother, including present birth 2

MOTHER  
(14) NAME BEFORE MARRIAGE Eliza Wylie

(15) PRESENT POSTOFFICE OF MOTHER Wilmington SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Fairfield Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 a M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. S. S.

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

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

(27) Filed Jan-20-1915 (28) M. M. Martin Local Registrar