

(1) PLACE OF BIRTH

County of Horry
 Township of Camay
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40972

Registration District No. 2502 Registered No. 203
 (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 Maggie Hemingway If child is not yet named, make supplemental report as directed

(3) SEX (M or F) Girl (4) Twin or Triplet (5) Number in order of birth (6) Age at Birth 710 (7) DATE OF BIRTH Dec 30 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Albin</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Hemingway</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Camay SC</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Camay SC</u>
(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(10) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)
(12) BIRTHPLACE <u>Horry Co</u>	(15) BIRTHPLACE <u>Horry Co</u>	(16) OCCUPATION <u>Labrer</u>	(16) OCCUPATION <u>Housework</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 29 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Camay SC

Given name added from a supplement-
 tal report

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

(27) Filed Jan 5 1924 (28) E. D. Moore 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.

WRITE PLAINLY, WITH UNFADING INK—FILL IN A PERMANENT RECORD. Make use of typed or printed labels and a separate label for each child. Use only the first-born, No. 1, then others, No. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.