

(1) PLACE OF BIRTH

County of Florence
 Township of TIMMONSVILLE
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

3885

Registration District No. 2010 Registered No. 19
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Magnolia Mack If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL
Girl

(4) Twin or Triplet
 To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Age of Parent
Married

(7) DATE OF BIRTH
7 22 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
Mack

(9) PRESENT POSTOFFICE OF FATHER
TIMMONSVILLE

(10) COLOR OR RACE
Negro

(11) AGE AT LAST BIRTHDAY
40
 (Years)

(12) BIRTHPLACE
AC

(13) OCCUPATION
Farmer

(14) Number of children born to mother, including present birth
5

MOTHER.

(14) NAME BEFORE MARRIAGE
Eva Jackson

(15) PRESENT POSTOFFICE OF MOTHER
TIMMONSVILLE

(16) COLOR OR RACE
Negro

(17) AGE AT LAST BIRTHDAY
35
 (Years)

(18) BIRTHPLACE
AC

(19) OCCUPATION
Housewife

(20) Number of children of this mother now living, including present birth
1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 3 a.m. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) John Rich

(24) State whether Physician or Midwife
Midwife

(23) Address of Physician or Midwife
TIMMONSVILLE

Given name added from a supplemental report

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

(26) Filed 2/28 23 (27) H. Nelson 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.

MAKING RETURN TO THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S. C. WITH THIS CERTIFICATE IS A PREPARED BLANK FROM WHICH TO MAKE A SUPPLEMENTAL REPORT. 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.