

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Midway  
 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

286

Registration District No. 403 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 Margie Lee Herndon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet  
 (5) Number in order of birth  
 To be answered only in event of Twins or Triplets  
 (6) Are Parents Married Yes (7) DATE OF BIRTH 1 16 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME H. Clinton Herndon  
 (9) PRESENT POSTOFFICE OF FATHER Bamberg SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (12) BIRTHPLACE Bamberg Co SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE May Bell Crider  
 (15) PRESENT POSTOFFICE OF MOTHER Bamberg SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (18) BIRTHPLACE Bamberg Co SC  
 (19) OCCUPATION Domestic  
 (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 born alive at 8:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robt Black  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bamberg SC

Given name added from a supplemental report

Mr. Charnell  
Mar. 31, 1922  
 Registrar

(26) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed Jan 15, 1922 (28) H. Ernest Fells  
 Local Registrar

\*When there was no attending physician or midwife, when 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.