

(1) PLACE OF BIRTH

County of OrangeburgTownship of Northor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

50187

Registration District No. 3620 Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child Margaret Bogard

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>4</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 15, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>Daniel D. Bogard</u>	(14) NAME BEFORE MARRIAGE <u>Maggie Viola Duke</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg S.C. RFD #1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg S.C. RFD #1</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>41</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Orangeburg County S.C.</u>	(18) BIRTHPLACE <u>Orangeburg County S.C.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Four</u>	(21) Number of children of this mother now living, including present birth <u>Four</u>

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:10 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. O. G. M.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

June 29, 1916
J. W. Miller
Registrar

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

(27) Filed Feb 27, 1916 (28) W. H. Duke
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.

MAINTAIN RECORDS OF THE BIRTHS OF ALL CHILDREN BORN IN THE STATE OF SOUTH CAROLINA. THIS IS A REQUIREMENT OF THE STATE BOARD OF HEALTH. 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.

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