

WAITING PLACES. WITH UNPAID FEE—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.
 No. _____ of Columbia

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Madison
 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
50187

Registration District No. 3620 Registered No. 111
 (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 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> |
|------------------------------|----------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|

FATHER.

(8) FULL NAME Daniel D Bogard

(9) PRESENT POSTOFFICE OF FATHER Orangeburg SC RFD # 1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41
(Years)

(12) BIRTHPLACE Orangeburg County S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Viola Duke

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg SC RFD # 1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE Orangeburg County S.C.

(19) OCCUPATION Housewife

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

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. Wolfe

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Orangeburg SC

Given name added from a supplemental report

June 29 1916
Jewell
W. H. Duke 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.