

(1) PLACE OF BIRTH

(2) PLACE OF BIRTH

County of *Darlington*

Township of .....

Inc. Town of .....

City of *Darlington*

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

(2) Full Name of Child *Margaret Freeman*

(3) SEX *Female* (4) Time of Birth *To be inserted only in case of hospital birth*

(5) FULL NAME OF FATHER *Redden Kiser*

(6) PRESENT RESIDENCE OF FATHER *Darlington*

(7) COLOR OF FATHER *white* (8) AGE AT LAST BIRTHDAY .....

(9) BIRTHPLACE OF FATHER *Darlington County*

(10) OCCUPATION OF FATHER *Trunk Worker*

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

CERTIFICATE

(12) I hereby certify that I attended this child, who was .....

on the date above stated .....

(13) Signature of Physician or Midwife .....

(14) Address of Physician or Midwife .....

Given name added from a supplemental report .....

When there was no attending physician, then the father, householder, etc., should make this return. If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths within the first month of pregnancy.

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

OF SOUTH CAROLINA

State of South Carolina

Board of Health

Registration District No. *4 S. C.*

Registered No. ....

(For use of Local Registrar)

St. .... Ward .....

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

(3) SEX *Female* (4) Time of Birth *To be inserted only in case of hospital birth*

(5) FULL NAME OF MOTHER *Mathe Gardner*

(6) PRESENT RESIDENCE OF MOTHER *Darlington*

(7) COLOR OF MOTHER *white* (8) AGE AT LAST BIRTHDAY .....

(9) BIRTHPLACE OF MOTHER *Darlington County*

(10) OCCUPATION OF MOTHER *House Wife*

(11) Number of children of this mother now living, including present birth *5*

ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended this child, who was .....

on the date above stated .....

(13) Signature of Physician or Midwife *Frederic Holland*

(14) Address of Physician or Midwife .....

Given name added from a supplemental report .....

When there was no attending physician, then the father, householder, etc., should make this return. If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths within the first month of pregnancy.

No. 1. - For State Registrar

No. 2. - For State Registrar

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