

(1) PLACE OF BIRTH

County of FairfieldTownship of Ridgewayor
Inc. Town of

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 HealthRegistration District No. 1906

File No.—For State Registrar Only

30076

Registered No. 67
(For use of Local Registrar)

(2) Full Name of Child

Suzell Elizabeth McCorkel

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? Twin(5) Number in order of birth Two(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 14, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Osborn McCorkel(9) PRESENT POSTOFFICE OF FATHER Ridgeway(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE Fairfield, Co(13) OCCUPATION Public work(14) NAME BEFORE MARRIAGE Marie Green(15) PRESENT POSTOFFICE OF MOTHER Ridgeway(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Fairfield

(19) OCCUPATION

(20) Number of children born to mother, including present birth Two(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Ridgeway

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 9/16 19 22 (28) L. E. Hester
Registrar 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.

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