

(1) PLACE OF BIRTH

County of LefloreTownship of Rocky

In Town of.....

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3.105Registered No. 10

(For use of Local Board of Health)

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

(2) Full Name of Child Margaret Waise (If child is not yet named, give supplemental report as soon as name is given.)

(3) Sex of Child <u>Girl</u>	(4) Type of Birth <u>✓</u> To be reported only in case of Twin or Triple	(5) Number of Children of this Mother <u>✓</u>	(6) Date of Birth <u>Feb 24, 1922</u>
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FATHER.		MOTHER.	
(7) Name before marriage <u>L. W. Waise</u>	(10) Name before marriage <u>Richie B. Spitzer</u>	(11) Present residence of father <u>Newbrookland</u>	(12) Present residence of mother <u>Newbrookland</u>
(13) Color of father <u>White</u>	(14) Color of mother <u>White</u>	(15) Age at last birthday of father <u>42</u>	(16) Age at last birthday of mother <u>32</u>
(17) Birthplace of father <u>Orangeburg Co.</u>	(18) Birthplace of mother <u>Orangeburg Co.</u>	(19) Occupation of father <u>Farmer</u>	(20) Occupation of mother <u>Housewife</u>
(21) Number of children born to father, including present birth <u>8</u>	(22) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at S. C. M. on the date above stated. (Born alive or stillborn) (New S. C. M.)(24) (Signature) [Signature](25) State whether Physician or Midwife Physician(26) Location of Physician or Midwife Newbrookland

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by nurse)

(28) Filed 1/12 (29) [Signature]

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.