

## (1) PLACE OF BIRTH

County of AndersonTownship of Wesley

Loc. 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 Health

File No.—For State Registrar Only

3308Registration District No. 304

Registered No. \_\_\_\_\_

(For use of Local Registrar)

Registrar Only

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2) Full Name of Child Margarite Opt

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(4) Twin or Triplet? \_\_\_\_\_

(5) Number in order of birth \_\_\_\_\_

(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct 5 1922

(Name of Month) (Day) (Year)

## FATHER.

(1) FULL NAME Richard Allen Opt

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## MOTHER.

(14) NAME BEFORE MARRIAGE Cherie Brooks

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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(2) I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. N. Young

(24) State whether Physician or Midwife \_\_\_\_\_

(25) Address of Physician or Midwife Anderson S. C.

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Given name added from a supplemental report

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(26) Witness \_\_\_\_\_

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

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(27) Filed \_\_\_\_\_

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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.