

## (1) PLACE OF BIRTH

County of *Pickens*Township of *Liberty*OR  
Inc. Town of

City of

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

(2) Full Name of Child *Margaret Rose*

File No.—For State Registrar Only

36103

Registration District No. *3705*Registered No. *140*  
(For use of Local Registrar)

(3) BOY OR GIRL

*girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

*Oct 4 22*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Sam C. Ewalt*

(9) PRESENT POSTOFFICE OF FATHER

*Liberty SC B 2*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*43*  
(Year)

(12) BIRTHPLACE

*SC*

(13) OCCUPATION

*Farming*

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

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Izetta M. Whorton*

(15) PRESENT POSTOFFICE OF MOTHER

*Liberty SC B 2*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*25*  
(Year)

(18) BIRTHPLACE

*SC*

(19) OCCUPATION

*House wife*

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *3:30* AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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

*Oct 10 22*

(28)

*John T. Boyce*

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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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.

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