

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Norris  
 or  
 Inc. Town of Norcross  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

31660

Registration District No. 9608 Registered No. 58  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Margorie Odene Fogle If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 24, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Earnest Clayton Fogle

(9) PRESENT POSTOFFICE OF FATHER Norcross, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION ?

(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Salie Stevenson

(15) PRESENT POSTOFFICE OF MOTHER Norcross, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housework

(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was, born alive at 12:30 P.M.  
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. C. Myers  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Norcross, S.C.

When name added from a supplemental report

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

(27) Filed Sept. 30, 1922 (28) J. C. Myers 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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