

(1) PLACE OF BIRTH

County of YorkTownship of H. Mill

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4406No. 3800 - For this Register only3800Registered No. 87

(For use of Local Registrar)

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

(2) Full Name of Child Margaret AileenSex GIRL Type Normal Number in order of birth 8 Age yes Date of birth 11-16-23

To be answered only in event of Twin or Triplet

FATHER Elisha H. McPurdie MOTHER Ella FeltPRESENT POSTOFFICE OF FATHER Felt Mill S.C. PRESENT POSTOFFICE OF MOTHER WCOLOR OR RACE W AGE AT LAST BIRTHDAY 34BIRTHPLACE S.C. BIRTHPLACE S.C.OCCUPATION Farm OCCUPATION Number of children born to mother, including present birth 19 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(27) Filed 12/14/23 (28) A. L. Parker 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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