

## (1) PLACE OF BIRTH

County of MarlboroTownship of Adamsvilleor  
Inc. Town of.....or  
City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3300

File No. - For State Registrar Only

43689

Registered No. 63  
(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 Irene

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 Mar 17, 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Floyd P. Prevatt(9) PRESENT POSTOFFICE OF FATHER Bennettsville SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE Marlboro Co. SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

## MOTHER

(14) NAME BEFORE MARRIAGE Hattie Stubbs(15) PRESENT POSTOFFICE OF MOTHER Bennettsville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25  
(Years)(18) BIRTHPLACE Marlboro Co. SC(19) OCCUPATION H.W.(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert Smith MD(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bennettsville SC

Given name added from a supplemental report

19 1922  
Registrar

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

(27) Filed Dec 30, 1922 (28) A. K. Newton  
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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