

(1) PLACE OF BIRTH

County of AndersonTownship of AndersonInc. Town of AndersonCity of Anderson

(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

8336

Registration District No. 3105Registered No. 12

(For use of Local Registrar)

(No. of Street and Number) (Ward)

2) Full Name of Child

Margaret Isabel Shatto

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(To be answered only in event of twins or triplets)

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME

(2) PRESENT POSTOFFICE OF FATHER

(3) COLOR OR RACE

(4) BIRTHPLACE

(5) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) 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 Columbia, S.C. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. T. Harrison

(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 3/14 1922(28) J. C. Lybrand

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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