

(1) PLACE OF BIRTH

County of Greenville

Township of

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 Elizabeth

(3) BOY OR GIRL girl (4) Type or Vaginal To be inserted in case of Twin or Triplet (5) Marking in color Blue (6) An Am (7) DATE OF BIRTH 3/16 (8) (Month) (Day) (Year) 23

FATHER
(9) FULL NAME Rev Ben. G. Fields(10) PRESENT RESIDENCE OF FATHER Buncombe Road(11) COLOR OR RACE W. (12) AGE AT LAST BIRTHDAY 33 (Year)(13) BIRTHPLACE S.C.(14) OCCUPATION N.D.(15) Number of children born to mother, including present birth 4MOTHER
(16) NAME BEFORE MARRIAGE Mary Anna Booker(17) PRESENT RESIDENCE OF MOTHER same(18) COLOR OR RACE W. (19) AGE AT LAST BIRTHDAY 36 (Year)(20) BIRTHPLACE S.C.(21) OCCUPATION Housework(22) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) John H. Phil (25) State whether Physician or Midwife Phys. (26) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(27) Witness (28) (Signature of Witness necessary only when question 23 is signed by mark)

19..... Registrar

(29) Date May 28 23 (30) Local Registrar A. J. M. M. M.

*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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 14144

14144

Registration District No. 22074 Registered No. 14144 (For use of Local Registrar)(No. Buncombe Road) (For use of Local Registrar)

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