

(1) PLACE OF BIRTH:

County of *Williamburg*Township of *Hope*or
Inc. Town of
or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only—

2683

Registration District No. *4301*Registered No. *3*

(For use of Local Registrar)

SL; (Ward)

same instead of street and number.)

(2) Full Name of Child.

Margaret Witherspoon

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

(3) BOY OR GIRL? *girl*

(4) Twin or triplet?

(5) Number in order of birth

to be covered only in case of twins or triplets

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

Jan. 12, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lige Witherspoon

(9) PRESENT POSTOFFICE OF FATHER

Gulville S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

44
(Years)

(12) BIRTHPLACE

S.C.

MOTHER.

(14) NAME BEFORE MARRIAGE

Sylvia Gailard

(15) PRESENT POSTOFFICE OF MOTHER

Gulville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21
(Years)

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Brookclay

(19) OCCUPATION

Housewife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Nancy Reese

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Gulville S.C.

Given name added from a supplemental report

101

(26) Witness

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

(27) Filed

Jan 22 1922

(28)

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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