

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland

Township of

or Inc. Town of Colonial Heights

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 Eloise Wiedemann

File No.—For State Registrar Only

19978

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 352

Registered No. 1479
(For use of Local Registrar)

St.; Ward)

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Y (7) DATE OF BIRTH June 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carl Wiedemann
(9) PRESENT POSTOFFICE OF FATHER Colonial Heights
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Jugenhab Germany
(13) OCCUPATION musician
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Madie Huchree
(15) PRESENT POSTOFFICE OF MOTHER Colonial Heights
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Spottsylvania S.C.
(19) OCCUPATION house wife
(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 above at 5:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. A. R. apid 5/17/23 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W.D.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed for mark)

(27) Filled 6-29 1922 (28) Local Registrar. W.D.

*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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