

(1) PLACE OF BIRTH

County of HorryTownship of EstillInc. Town of EstillCity of Estill

(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

64709

Registration District No. 2400Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child Margaret Carrington yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 8, 1916</u>
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FATHER.

(8) FULL NAME <u>E.A. Ziegler</u>	(11) AGE AT LAST BIRTHDAY <u>48</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Estill S.C.</u>	(12) BIRTHPLACE <u>Orangeburg S.C.</u>
(10) COLOR OR RACE <u>White</u>	(13) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>8</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Lucie Ahland</u>	(17) AGE AT LAST BIRTHDAY <u>40</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Estill S.C.</u>	(18) BIRTHPLACE <u>St. Stephens Burkley Co</u>
(16) COLOR OR RACE <u>White</u>	(19) OCCUPATION <u>Home Wife</u>
(21) Number of children of this mother now living, including present birth <u>8</u>	

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. (Hour 10 M. or P. M.)(23) (Signature) Rose M. Roberts(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Estill S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6-22-1916(28) H.E. Dickinson
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.

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.
M. Caw, of Columbia.