

(1) PLACE OF BIRTH

County of AdamsTownship of South

Inc. Town of

City of

(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

Registration District No. 207File No. - For State Registrar Only
12613Registered No. 23
(For use of Local Registrar)(No. 1016 St.; Ward)(2) Full Name of Child Malen Libby Toole

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

(3) BOY OR GIRL
Girl(4) Twin or Triplet
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married
yes

(7) DATE OF BIRTH

BIRTH Aug 2 1930
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Lydia L. Toole

(9) PRESENT POSTOFFICE OF FATHER

Hammer, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

Alabama

(13) OCCUPATION

Teacher

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

1

MOTHER

(14) NAME BEFORE MARRIAGE

Willie Watson

(15) PRESENT POSTOFFICE OF MOTHER

Hammer, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Alabama

(19) OCCUPATION

Housewife

(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 ... at ... M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(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)

19
Registrar

(27) Filed

1930

(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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