

THIS IS A PERMANENT RECORD. 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 Fairfield  
 Township of 7  
 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

34290

Registration District No. 1976

Registered No. 82  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marion Ann Carpenter

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

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 8 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Marion Ford  
 (9) PRESENT POSTOFFICE OF FATHER Ridgeway St  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35  
 (12) BIRTHPLACE Fairfield Ga  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Ophelia E. Harper  
 (15) PRESENT POSTOFFICE OF MOTHER Ridgeway St  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30  
 (18) BIRTHPLACE Fairfield Ga  
 (19) OCCUPATION Farmer  
 (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 alive at 12:00 on the date above stated.  
 (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Marion Ford  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marion Ford

Given name added from a supplemental report

(26) Witness L. E. Johnston  
 (Signature of Witness necessary only when question 23 is signed by mark)

19 Registrar

(27) Filed 10/23/22 (28) L. E. Johnston 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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