

(1) PLACE OF BIRTH

County of Providence

Township of

or
Inc. Town ofor
City of Columbia SC

(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

36169

Registration District No. 382Registered No. 204

(For use of Local Registrar)

(2) Full Name of Child Marvin Podgett

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH

Oct 3 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Marcella C. Podgett

(9) PRESENT POSTOFFICE OF FATHER

Columbia SC

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Teacher

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Verdellia White

(15) PRESENT POSTOFFICE OF MOTHER

Columbia SC

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician1533 Assembly St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 10 1922

(28)

L. C. Appleton
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.

THIS IS A PERMANENT RECORD—DO NOT DESTROY—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.