

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Ward 1  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31649

Registration District No. 26A7 Registered No. 29  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marion (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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 12 1922  
 (Specify Month) (Day) (Year)

## FATHER

(8) FULL NAME Burton Mc Collum

(9) PRESENT POSTOFFICE OF FATHER Springfield

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21  
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Arlene Miller

(15) PRESENT POSTOFFICE OF MOTHER Springfield

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 12  
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(20) 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 White at 2 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gulio Chavez (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Springfield

Given name added from a supplemental report

(26) Witness Mr. Harsh (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 22 1922 (28) L. M. Tarrant 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.