

Form No. 1

(1) PLACE OF BIRTH

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County of Marion

Township of Marion

OF

Inc. Town of Marion

OF

City of Marion

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

(2) Full Name of Child

Betty Gladys

File No. - For State Registrar Only

7793

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 326

Registered No. 24

(For use of Local Registrar)

(No. St.: Ward)

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Jan 22, 1924
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

W. H. W. W.

(9) PRESENT POSTOFFICE OF FATHER

Marion, S. C.

(10) COLOR OR RACE

White

(12) BIRTHPLACE

Marion, S. C.

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

W. H. W. W.

(15) PRESENT POSTOFFICE OF MOTHER

Marion, S. C.

(16) COLOR OR RACE

White

(18) BIRTHPLACE

Marion, S. C.

(19) OCCUPATION

Farmer

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Marion, S. C.

Marion, 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, Jan 22, 1924

(28) W. H. W. W. 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.