

Form No. 1

1) PLACE OF BIRTH

County of 3rd

Township of

or
Inc. Town of 3rdor
City of Parris Island(2) Full Name of Child Marjory Cornelia Rohm (If child is not yet named, make supplemental report as directed)3 SEX-
GIRL4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL
NAME Le Roy Rohm.(14) NAME BEFORE
MARRIAGE Geraldine Anne Hill.(9) PRESENT
POSTOFFICE
OF FATHER Parris Island, S.C.(15) PRESENT
POSTOFFICE
OF MOTHER Parris Island, S.C.(10) COLOR
OR
RACE White - U.S.(11) AGE AT LAST
BIRTHDAY 27
(Years)(16) COLOR
OR
RACE White - U.S.(17) AGE AT LAST
BIRTHDAY 20
(Years)(12) BIRTHPLACE
Ulys, Ohio.(18) BIRTHPLACE
Cottageville, S.C.(13) OCCUPATION
U.S. Marine.(19) OCCUPATION
Housewife(20) Number of children born to
mother, including present birth one(21) Number of children of this mother
now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, born alive, at 3:40 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. I. Mason, Lieut. (MC) U.S. Navy.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician, Parris Island, S.C.Given name added from a supplement-
al report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 7/25 19 27 (28) 74. R. K. K.
Local RegistrarWhen 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.