

## (1) PLACE OF BIRTH

County of FairfieldTownship of 18or  
Inc. Town of Marbleor  
City of S

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
**18534**Registration District No. 15 Registered No. 28  
(For use of Local Registrar)(No. .... St.; .... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.If child is not yet named, make  
supplemental report as directed

## (2) Full Name of Child

3 BOY OR  
GIRL? Boy4) Twin  
or Triplet?5) Number in  
order of birth 46) Are  
Parents  
Married? Yes

(7) DATE OF

BIRTH March 2, 1902  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL  
NAME Joe Green9) PRESENT  
POSTOFFICE  
OF FATHER Shafter10) COLOR  
OR  
RACE W(11) AGE AT LAST  
BIRTHDAY 30  
(Years)12) BIRTHPLACE SC13) OCCUPATION Farmer14) Number of children born to  
mother, including present birth 6

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Lena Bell(15) PRESENT  
POSTOFFICE  
OF MOTHER Shafter(16) COLOR  
OR  
RACE W(17) AGE AT LAST  
BIRTHDAY 27  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION W. J.(21) Number of children of this mother  
now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 10 A.M.  
on the date above stated. (Hour \* M. or P.M.)(23) (Signature) Anna Myers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
ShafterGiven name added from a supplement-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 4/1/02 (28) C. B. P. Bell  
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.