

(1) PLACE OF BIRTH

County of Marietta
 Township of Beaver
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43646

Registration District No. 3165 Registered No. 154
 (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 Susan Jane Bailey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 16, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Till Bailey
 (9) PRESENT POSTOFFICE OF FATHER Mullins, S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Marietta Co
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Jones
 (15) PRESENT POSTOFFICE OF MOTHER Mullins, S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Marietta Co
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:50 (M., (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) J. L. Martin(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mullins, 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 9, 1923 (28) J. M. Schuffler 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.