

FORM NO. 3

(1) PLACE OF BIRTH  
County of Williamsburg  
Township of Anderson

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**54005**

Inc. Town of ..... Registration District No. 11300 Registered No. ....  
(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 Ralph Chancy Marshall } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? OR (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Feb 1 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME R. L. Marshall  
(9) PRESENT POSTOFFICE OF FATHER Iris  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 41  
(Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 17

MOTHER.  
(14) NAME BEFORE MARRIAGE Eonice Feagin  
(15) PRESENT POSTOFFICE OF MOTHER Iris  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34  
(Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Clara M. Mack  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Iris

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 5 28 1916 (28) G. W. Hamilton  
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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
McNaw, of Columbia