

## (1) PLACE OF BIRTH

County of Acree  
 Township of Lawrence  
 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

12258

Registration District No. 3504Registered No. 36  
(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.)

(2) Full Name of Child Marion Lottrell Crenshaw If child is not yet named, make supplemental report as directed

|                                |                                                                           |                              |                                        |                                                                    |
|--------------------------------|---------------------------------------------------------------------------|------------------------------|----------------------------------------|--------------------------------------------------------------------|
| (3) BOY OR GIRL<br><u>Girl</u> | (4) Twin or Triplet?<br>To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married?<br><u>Yes</u> | (7) DATE OF BIRTH<br><u>3/19/1922</u><br>(Name Month) (Day) (Year) |
|--------------------------------|---------------------------------------------------------------------------|------------------------------|----------------------------------------|--------------------------------------------------------------------|

## FATHER.

(8) FULL NAME J. F. Crenshaw(9) PRESENT POSTOFFICE OF FATHER Wesley SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Dora Crooks(15) PRESENT POSTOFFICE OF MOTHER Wesley SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE SC(19) OCCUPATION House wife(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 alive at 1:05 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. C. Marshall

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

PhysicianWesley S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)

(27) Filed 4/10/22 19 19 (28) E. C. Hopkins Local Registrar

When there was no attending physician or midwife, then the father, householders, 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.

Registrar

Local Registrar

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