(1) PLACE OF BIRTH

County of Bamberg

Township of Bamberg Bridge

or

Inc. Town of Bamberg SC

or

City of R 7 D

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar's Office
2870

Registration District No. 401 Registered No. 9
(For use of Local Registrar)

(No. ..... Ward)

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

(3) BOY OR GIRL	(4) 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)
Boy			Yes	2-19-23

FATHER.	MOTHER.
(8) FULL NAME G Marion McMellon	(14) NAME BEFORE MARRIAGE Maime McMellon
(9) PRESENT POSTOFFICE OF FATHER Bamberg SC R7D	(15) PRESENT POSTOFFICE OF MOTHER Bamberg, SC. R7D
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Bamberg Co., SC	(18) BIRTHPLACE Bamberg Co., SC
(13) OCCUPATION Farming	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:40 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Peter [illegible]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Olar S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Mar 10 1923 (28) J. C. Bennett
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.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.