

Form No 1.

(1) PLACE OF BIRTH

County of Darlington
 Township of Philadelphia
 or
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

46013

Registration District No. 12002 Registered No. 1
 (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 Marion Athor { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or triplet? ✓ (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 5 1914
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marion Athor
 (9) PRESENT POSTOFFICE OF FATHER Timmonsville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Darlington Co. S.C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Hancock
 (15) PRESENT POSTOFFICE OF MOTHER Timmonsville
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Darlington Co. S.C.
 (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 born alive at (Born alive or stillborn) at (Hour M. or P. M.)
 on the date above stated.

(23) (Signature) J. W. Barnett M.D.

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

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

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

(27) Filed Jan 15 1914 (28) T. E. Wilkes
 Registrar 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.
 WHITE 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.
 Caw. of Columbia