

Form No. 1

(1) PLACE OF BIRTH

County of Marion
 Township of Greola
 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
30975

Registration District No. 2903 Registered No. 40
 (For use of Local Registrar)

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

(2) Full Name of Child Walter Garce Marshall

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 28 1927
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robt Marshall
 (9) PRESENT POSTOFFICE OF FATHER Clinton S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37
 (Year) (12) BIRTHPLACE D.C.
 (13) OCCUPATION Farmer laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Dallie Jackson
 (15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 33
 (Year) (18) BIRTHPLACE D.C.
 (19) OCCUPATION Farmer laborer

(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 born alive 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Lena V. Martin

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

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

(27) Filed Oct 6 1927 (28) H. C. Ireland
 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.

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.

—BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.