

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64776

County of Wayne  
 Township of Bucks  
 Inc. Town of \_\_\_\_\_  
 City of \_\_\_\_\_

Registration District No. 2501 Registered No. 26  
 (For use of Local Registrar)

(2) Full Name of Child Orlyen Marshall

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>First</u> <small>To be entered only in case of twin or triplet</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 15 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Gobe Marshall

(9) PRESENT POSTOFFICE OF FATHER Bucksport

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Bucksport

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth One

**MOTHER.**

(14) NAME BEFORE MARRIAGE Fannie McCall

(15) PRESENT POSTOFFICE OF MOTHER Bucksport

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Bucksport

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth One

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 am on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carmela McCall  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Bucksport

Given name added from a supplemental report \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness J. B. Mark  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 27 1916 (28) S. F. Bourne  
 Local Registrar

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.  
 McCaw, of Columbia

\*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.