

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthNo. 11.—For State Registrar Only  
31481

Registration District No. 4608

Registered No. 60  
(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

Jesse Horner Marshall

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

(3) SEX—  
GIRL(4) Twin  
or Triplet  
To be answered only in event of Twin or Triplet(5) Number in  
order of birth(6) Are  
Parents  
Married(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME

Fred W Marshall

(9) PRESENT  
POSTOFFICE  
OF FATHER

Pulaski

(10) COLOR  
OR  
RACE

White

(11) AGE AT LAST  
BIRTHDAY40  
(Years)

(12) BIRTHPLACE

Barnwell Co

(13) OCCUPATION

Farmer

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

10

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Mary L. Main

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Pulaski

(16) COLOR  
OR  
RACE

White

(17) AGE AT LAST  
BIRTHDAY36  
(Years)

(18) BIRTHPLACE

Barnwell Co

(19) OCCUPATION

Housekeeping

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

9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

Hattie C. Cadle

(23) State whether Physician or Midwife

Midwife

(24) Address of Physician or Midwife

Pulaski

Given name added from a supplement-  
tal report

(25) Witness

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

(26) Date

Dec 5 - 1923

(27) Local Registrar

J. C. Mayo

\*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.