

## (1) PLACE OF BIRTH

County of Georgetown

Township of .....

Inc. or Town of .....

City of # 3

(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

Registration District No. 2102

No. for this Register

40401

Registered No. 84

(For use of Local Registrar)

## (2) Full Name of Child

(a) SEX OF CHILD <u>Girl</u>	(b) Type of Birth To be answered only in event of Twin or Triple	(c) Number in order of birth	(d) Sex of Mother <u>Female</u>	(e) DATE OF BIRTH <u>Dec 20 1938</u>
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FATHER.			MOTHER.	
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(a) FULL NAME <u>Andy Marshall</u>	(14) NAME BEFORE MARRIAGE <u>Charity</u>
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(b) PRESENT RESIDENCE OF FATHER <u>Georgetown</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Georgetown</u>
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(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>	(18) COLOR OR RACE <u>White</u>	(19) AGE AT LAST BIRTHDAY <u>30</u>
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(10) BIRTHPLACE <u>S.C.</u>	(11) BIRTHPLACE <u>S.C.</u>
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(12) OCCUPATION <u>Mill Hand</u>	(13) OCCUPATION <u>Homemaker</u>
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(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>4</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Date Dec 20 1938)(23) (Signature) Mary Price(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(26) Filed Jan 193919 1938 Registrar

When there was no attending physician or midwife, then the father, having been present at the birth, must be present at the birth of the child, and if a child breathes even once, it must not be reported as stillborn.