

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH

County of Marion
Township of Marion
or
Inc. Town of Marion
or
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

43604

Registration District No. 33A

Registered No. 120
(For use of Local Registrar)

(2) Full Name of Child Anna Elizabeth

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 12 29 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Gathers
(9) PRESENT POSTOFFICE OF FATHER Marion
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 22 (Year)
(12) BIRTHPLACE Georgetown S.C.
(13) OCCUPATION journaill

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Pochest
(15) PRESENT POSTOFFICE OF MOTHER Marion
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE Georgetown
(19) OCCUPATION housework

(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 at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susan Crowder
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

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

(27) Filed Jan. 10 1923 (28) 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.