

## (1) PLACE OF BIRTH

County of GreenwoodTownship of 1

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Use  
4130Registration District No. 2196 Registered No. .... 25...

(For use of Local Registrar)

City of ..... (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 Marion O. Belle Colbert If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 2 1923  
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Jas. O. Colbert MOTHER. (10) NAME BEFORE MARRIAGE Lila Bonnie(9) PRESENT POSTOFFICE OF FATHER So. Greenwood, S.C. (11) PRESENT POSTOFFICE OF MOTHER So. Greenwood, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31 (Year) (12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY 28 (Year)(14) BIRTHPLACE Anderson Co., S.C. (15) BIRTHPLACE Anderson Co., S.C.(16) OCCUPATION Cotton mill oper. (17) OCCUPATION Domestic(18) Number of children born to mother, including present birth 6 (19) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(21) (Signature) J. M. Byrnes(22) State whether Physician or Midwife Physician Address of Phys. or Midwife So. Greenwood, S.C.

Given name added from a supplemental report

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

(24) Filed Mar. 10 1923 (25) S. P. Brooks Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY. WITH UNFAMILIAR HAND, THIS IS A PERMANENT RECORD. IN ADDITION TO THIS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE

IN B-20 USE OF THIS ON TRIPLET OR QUINUPLET, NO. 3, ETC. IN QUESTIONS 1

PRINT-NAME, NO. 1. THE OTHER, NO. 2, ETC. IN QUESTIONS 1

PRINT-NAME, NO. 1. THE OTHER, NO. 2, ETC. IN QUESTIONS 1