

County of Johnson  
Township of Keosauqua  
or  
Inc. Town of.....  
or  
City of .....

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

File No.—For State Registrar Only  
4010

Registration District No. 1701

**Registered No.** .....  
**(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 Elle Marnigault If child is not yet named, make supplemental report as directed

(3) BORN GIRL <i>girl</i>	(4) Twin or Triplet? <i>1</i>	(5) Number in order of birth <i>6</i>	(6) Are Parents Married? <i>Not</i>	(7) DATE OF BIRTH <i>Feb 2nd 22</i>
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*To be answered only in event of Twins or Triplets*

(Name of Month) (Day) (Year)

# FATHER

10 FULL NAME Judy Henderson

PRESENT POSTOFFICE OF FATHER *McElroy 1000 2nd*

(12) COLOR OR RACE *He-12* (11) AGE AT LAST BIRTHDAY *20*

12. BIRTHPLACE LA (121)

13. OCCUPATION 2111

Harmer

**CERTIFICATE OF ATTENDING**

# MOTIER

(14) NAME BEFORE MARRIAGE *Hettie Marriott*

(15) PRESENT POSTOFFICE OF MOTHER *Pepper Hill Pa.*

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 251

(18) BIRTHPLACE 3-7

(19) OCCUPATION \_\_\_\_\_

Helper on Ham

(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was 12 cm alive at 6.4 M.,  
on the date above stated. (Born alive and stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arthur H. Green  
(24) State whether Physician or Midwife ☒ Physician ☐ Midwife

Given name added from a supplemental report

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

(27) Filed May 11 1925 (28) W. R. D. D. D. D.  
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.