(1) PLACE OF BIRTH

County of Greenville

Township of Grove

or

Inc. Town of

or

City of (No. St.; Ward)

(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

File No.—For State Registrar Only
90129

Registration District No. 2210 Registered No. 83
(For use of Local Registrar)

(2) Full Name of Child Marshall Lent Jr.

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH December 28, 1916 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Marshall Lent

(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Greenville County

(13) OCCUPATION Farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE Jane Maddox

(15) PRESENT POSTOFFICE OF MOTHER Piedmont S C

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Greenville County

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sidney Lewis M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Jan 8 1917 (28) S A Mims
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.