

(1) PLACE OF BIRTH

County of Marion D.C.
 Township of Marion A.C.
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

35534

Registration District No. 3203Registered No. 45
(For use of Local Registrar)

(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 Storrenner Corner (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 October 31 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Corner
 (9) PRESENT POSTOFFICE OF FATHER Marion D.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26
 (Years)
 (12) BIRTHPLACE North East of Marion D.C.
 (13) OCCUPATION Roller maker helper
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bell Blackwell
 (15) PRESENT POSTOFFICE OF MOTHER Marion D.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23
 (Years)
 (18) BIRTHPLACE North of Marion D.C.
 (19) OCCUPATION Forming
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Marion D.C.(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Marion D.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed November 22(28) Local Registrar

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.