

Form No. 1

## (1) PLACE OF BIRTH

County of Newberry  
 Township of #5  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7937

Registration District No. 2406 Registered No. 8  
 (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 Warner Marshall If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married? yes (6) DATE OF BIRTH Feb 13, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(7) FULL NAME Shiver Marshall  
 (8) PRESENT POSTOFFICE OF FATHER Newberry R 7  
 (9) COLOR OR RACE B (10) AGE AT LAST BIRTHDAY 24  
 (Year) (11) BIRTHPLACE S.C.  
 (12) OCCUPATION U.S. Mill laborer  
 (13) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Francis Marshall  
 (15) PRESENT POSTOFFICE OF MOTHER Newberry R 7  
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 23  
 (Year) (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M.  
 on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(22) (Signature) Maggie Williams (23) Address of Physician or Midwife Newberry

(24) State whether Physician or Midwife Midwife

(Given name added from a supplemental report)

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

(26) Filed Apr 11, 1923 (27) 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.