

MARGIN RESERVED FOR BINDING.

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

State of Columbia

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only
89031

(1) PLACE OF BIRTH
County of Chesterfield
Township of Allegator
or
Inc. Town of Registration District No. 1200 Registered No. 87
or
City of (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Wm. J. Robert Marshall (If child is not yet named, make prenatal report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parent Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 26</u> 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>R. W. Marshall</u>	(14) NAME BEFORE MARRIAGE <u>Marjorie Browley</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Middendorf</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Middendorf</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Burlington Co</u>	(18) BIRTHPLACE <u>Burlington Co.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House work</u>			
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>5</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. B. Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Patrick, S. P.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 7 1917 (28) M. B. Smith 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.

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