

## (1) PLACE OF BIRTH

County of Marion  
 Township of Wahki  
 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

21827

Registration District No. 32 ad.Registered No. 2  
(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 Edith Belle Herring

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

3 SEX OR GIFT <u>Girl</u>	4 Twin or Triplet? <u>No</u>	5 Number in order of birth <u>3</u>	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>July 6, 1923</u> (Month) (Day) (Year)
FATHER.		MOTHER.		
8 FULL NAME <u>Isaac Herring</u>		14 NAME BEFORE MARRIAGE <u>Rosa Belle LeGrette</u>		
9 PRESENT POSTOFFICE OF FATHER <u>Marion, S.C. Route 2</u>		15 PRESENT POSTOFFICE OF MOTHER <u>Marion, S.C. Route 2</u>		
10 COLOR OR RACE <u>White</u>	11 AGE AT LAST BIRTHDAY <u>31</u> (Years)	16 COLOR OR RACE <u>White</u>	17 AGE AT LAST BIRTHDAY <u>23</u> (Years)	
12 BIRTHPLACE <u>Marion Co. S.C.</u>		18 BIRTHPLACE <u>Marion Co. S.C.</u>		
13 OCCUPATION <u>Farmer</u>		19 OCCUPATION <u>Housewife</u>		
20 Number of children born to mother, including present birth <u>2</u>		21 Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born born alive at 5:2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Marion, S.C.

Give name added from a supplemental report

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

(27) Filed July 28, 1923 (28) J. L. Dill 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.

Registrar

Local Registrar

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