

## (1) PLACE OF BIRTH

County of Laurens  
 Township of Waterloo  
 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

19287

Registration District No. 21907 Registered No. 37  
 (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 Herman Marshall If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Twin or Triplet? X 5) Number in order of birth 9 6) Are Parents Married? Yes 7) DATE OF BIRTH June 18, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Erskin Marshall  
 9) PRESENT POSTOFFICE OF FATHER Waterloo  
 10) COLOR OR RACE colored 11) AGE AT LAST BIRTHDAY..... (Years) 33  
 12) BIRTHPLACE Waterloo  
 13) OCCUPATION Farming  
 20) Number of children born to mother, including present birth 19

## MOTHER.

14) NAME BEFORE MARRIAGE Pearl Eledge  
 15) PRESENT POSTOFFICE OF MOTHER Waterloo  
 16) COLOR OR RACE colored 17) AGE AT LAST BIRTHDAY..... (Years) 31  
 18) BIRTHPLACE Ekron  
 19) OCCUPATION Housework  
 21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was..... at 3 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife Silla Hill  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Herman Marshall

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

(27) Filed July 11, 1922 (28) 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 in desired of stillbirths before the fifth month of pregnancy.