

(1) PLACE OF BIRTH

County of FlorenceTownship of IndianInc. Town of IndianCity of Indian

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

55891

Registration District No. 2215 Registered No. 55

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Guarita Marcus

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 18, 1916</u> (Name of Month) (Day) (Year)
------------------------------	--------------------------------	---------------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME Walter Marcus(9) PRESENT POSTOFFICE OF FATHER Indian(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Florence Co(13) OCCUPATION Job Work(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Dickard(15) PRESENT POSTOFFICE OF MOTHER Indian(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Florence Co(19) OCCUPATION Housewife(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 Alive, at 6:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie S. S. S.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness William

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed May 10, 1916 (28) W. C. Minn 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 1.
 McCaw, of Columbia.