

(1) PLACE OF BIRTH

County of Florence S.C.
 Township of Household
 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

18593

Registration District No 2005 Registered No. 33
 (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 Marion Black If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 6th 6) Are Parents Married? Yes 7) DATE OF BIRTH June 22 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Marion Black
 9) PRESENT POSTOFFICE OF FATHER Florence S.C.
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 32
 12) BIRTHPLACE Florence S.C.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 1 Six

MOTHER.

14) NAME BEFORE MARRIAGE Marta Thomas
 15) PRESENT POSTOFFICE OF MOTHER Florence S.C.
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 24
 18) BIRTHPLACE Florence S.C.
 19) OCCUPATION Salvage
 21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, born June 22 at 10 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) James S. Alexander
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report

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

(27) Filed 6-22-22 (28) C.C. Capper 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.