

(1) PLACE OF BIRTH:

County of San Bernardino

Township of .....

Inc. Town of.....

City of .....

# CERTIFICATE OF MORTALITY

STATE OF SOUTH CAROLINA

### Survey of Visual Handwriting

State Board of Health

FILED-197

28372

Registration District No. 2015

Registered No. L.P......

(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. M. J. LaFol

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

(2) BOY ON ONLY B.

(4) Total  
of 12,000

(8) Member in



DATE

BIRTH 1947

# FATHER.

## MOTHER

(b) FULL NAME: [REDACTED]

(14) NAME BEFORE MARRIAGE William J. Quinn

(7) PRESENT POSTOFFICE

(10) PRESENT

100 COLOR (11) ARE AT LAST

(16) COLOR Color (17) AGE AT LAST 20

NAME \_\_\_\_\_  
 15 BIRTHPLACE \_\_\_\_\_ (Year) \_\_\_\_\_

(76) BIRTHPLACE

13) OCCUPATION Student

(1b) OCCUPATION	
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20) Number of children born to mother, including current child

(7) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OF HIGHER**

(20) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(28) (Signature) Eliza Jane Marshall (Date of signature) Mar 2. 1861 (Date of birth of child) Mar 2. 1861

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplemental report

(20) Witness R. H. ...

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

(27) Filed Sept 13 1933 (by) R. H. T. L.

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.