

(1) PLACE OF BIRTH

County of Marion
 Township of Marion
 or
 Inc. Town of Marion
 or
 City of Marion

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
8433

Registration District No. 32 A Registered No. 22
 (For use of Local Registrar)

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

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1
 To be answered only in event of Twin or Triplet (6) Age yes (7) DATE OF BIRTH Feb. 18, 1932
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Bailey
 (9) PRESENT POSTOFFICE OF FATHER Marion S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Marion S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Ezzie Magill
 (15) PRESENT POSTOFFICE OF MOTHER Marion S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Marion S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

(26) Witness

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

(27) Filed

19

(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 is desired of stillbirths before the fifth month of pregnancy.