

(1) PLACE OF BIRTH

County of MarionTownship of Wachellor
Inc. Town ofor
City of

(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

Registration District No. 3207

File No.—For State Registrar Only

35607

Registered No. 36
(For use of Local Registrar)(2) Full Name of Child Martha Blackwell {If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth no (6) Are Parents Married no (7) DATE OF BIRTH Oct 13 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE allie Blackwell(15) PRESENT POSTOFFICE OF MOTHER marion sc(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY (Years) 15

(18) BIRTHPLACE

(19) OCCUPATION marion co sc

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marion Davis

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

Given name added from a supplemental report

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

(27) Filed Oct 22 1922 (28) J. G. Dill 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.