

(1) PLACE OF BIRTH

County of Orangeburg

Township of

or
Town ofor
City of Orangeburg

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

(2) Full Name of Child Marion Ashley Street Jr.(3) BOY OR GIRL? Boy(4) Twin or Triplet? —(5) Name of Hospital or Institution —(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 11, 1922Registered No.
(For use of Local Registrar)

St.; Ward)

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

FATHER.

(8) FULL NAME Marion Ashley Street(9) PRESENT POSTOFFICE OF FATHER Orangeburg(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 32(12) BIRTHPLACE Augusta, Ga.(13) OCCUPATION Businessman(20) Number of children born to mother, including present birth 2MOTHER. Weimer(14) NAME BEFORE MARRIAGE Winnie Weimer(15) PRESENT POSTOFFICE OF MOTHER Orangeburg(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 32(18) BIRTHPLACE Bronchville S.C.(19) OCCUPATION Housewife(21) Number of children of the mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Street, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Orangeburg, A.C.

Given name added from a supplemental report

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

(27) filed Nov. 12, 1942 M. B. Woodward, Registrar.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

04918

Registration District No. 36-aRegistered No.
(For use of Local Registrar)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.