

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or
City of Charleston

(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

File No.—For State Register Only

41335

Registration District No. 9 A Registered No. 1999

(For use of Local Registrar)

2) Full Name of Child Marion Tilton Doig 1st 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 22 22

FATHER

(8) FULL NAME Marion Tilton Doig

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Mechanic

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

MOTHER

(14) NAME BEFORE MARRIAGE Florence Anne Dawkins

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. P. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

(26) Witness (Signature of Witness necessary only when question 22 is signed) ...

Given under added from a supplemental report

5/12/42 191....

W. B. Woodward (27) Filed 1/4 23

Local Registrar

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