

(1) PLACE OF BIRTH

County of York
 Township of Fort Mill
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar
3800

Registration District No. 4406 Registered No. 88
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marion E. Hargrave (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Girl</u>	(4) Type <u>Normal</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1st</u>	(6) Age of Person Marrying <u>yes</u>	(7) DATE OF BIRTH <u>11-16-23</u> (Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Elisha H. M. Pender</u>	(9) NAME BEFORE MARRIAGE <u>Elisha H. M. Pender</u>	(10) FULL NAME <u>Ella Feltz</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Fort Mill SC</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Fort Mill SC</u>	(12) PRESENT POSTOFFICE OF MOTHER <u>Fort Mill SC</u>		
(13) COLOR OR RACE <u>W</u>	(14) AGE AT LAST BIRTHDAY <u>37</u> (Year)	(15) COLOR OR RACE <u>W</u>	(16) AGE AT LAST BIRTHDAY <u>34</u> (Year)	(17) AGE AT LAST BIRTHDAY <u>34</u> (Year)
(18) BIRTHPLACE <u>SC</u>	(19) BIRTHPLACE <u>SC</u>	(20) BIRTHPLACE <u>SC</u>		
(21) OCCUPATION <u>Farmer</u>	(22) OCCUPATION <u>Housewife</u>	(23) OCCUPATION <u>Housewife</u>		
(24) Number of children born to mother, including present birth <u>7 & 8th</u>	(25) Number of children of this mother now living, including present birth <u>8</u>	(26) Number of children of this mother now living, including present birth <u>8</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(28) (Signature) Jessie D. Pender

(29) State whether Physician or Midwife

(30) Address of Physician or Midwife

Given name added from a supplement-
 tal report

(31) Witness

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

(32) Filed 12-14-23 (33) A. L. Parker
 Registrar 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.

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