

(1) PLACE OF BIRTH

County of MarionTownship of MarionInc. Town of Marion

OF

City of Marion

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 23A

No. for State Register Only

11254

Registered No. 26
(For use of Local Registrar)(No. 26; St. 26; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Dorothy J. Srice (If child is not yet named, make supplemental report as directed)(1) BOY OR GIRL Girl (2) Twin or Triplet No (3) Number in order of birth 1 (4) Sex Female (5) DATE OF BIRTH March 5, 1923
(Month of Month) (Day) (Year)

FATHER		MOTHER	
(6) FULL NAME <u>Joe Brown Srice</u>	(14) NAME BEFORE MARRIAGE <u>Urmie May Foxworth</u>	(16) PRESENT POSTOFFICE OF FATHER <u>Marion, S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Marion, S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Year)	(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)
(12) BIRTHPLACE <u>Marion Co., S.C.</u>	(12) BIRTHPLACE <u>Marion Co., S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(13) OCCUPATION <u>Housewife</u>
(15) Number of children born to mother, including present birth <u>3</u>	(15) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 23 11 23 M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Marion, S.C.

(Given name added from a supplemental report)

Anna Sance
July 12, 1923
Registrar(26) Witness (Signature of Witness necessary only when question 23 is signed "M.") May 10, 1923(27) Place Marion, S.C. (28) Local Registrar [Signature]

*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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