

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 County of Anderson
 Township of Walter
 or
 Inc. Town of Walter
 or
 City of Walter
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 State of South Carolina
 Division of Vital Statistics
 State Board of Health
 Registration District No. 300
 Registered No. 39
 (For use of Local Registrar)
 St. 1 Ward 1

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

(3) SEX OF CHILD <u>Girl</u>	(4) Date of Birth <u>Mar 15 1923</u> To be given only in case of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Age of Child <u>4 yr 10 mo</u>	(7) DATE OF BIRTH <u>March 15 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Wm. Sargent</u>		(14) NAME BEFORE MARRIAGE <u>Bernice Sargent</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Walter</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Walter</u>		
(10) COLOR OR RACE <u>White</u>		(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)		(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)		
(12) BIRTHPLACE <u>Se. Ga.</u>		(18) BIRTHPLACE <u>Se. Ga.</u>		
(13) OCCUPATION <u>Attorney</u>		(19) OCCUPATION <u>Dr. Merchant</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Given name added from a supplemental report
 (26) Witness [Signature]
 (Signature of Witness necessary only when question 22 is signed "Mark")
 (27) Date Mar 24 1923
 (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.