

(1) PLACE OF BIRTH  
 County of Wick  
 Township of Langley  
 or  
 Town of Bath  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**40660**

Registration-District No. 217A Registered No. 117  
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL boy (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 1st 21  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Thos. Bridges  
 (9) PRESENT POSTOFFICE OF FATHER Bath, S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23  
 (Year)  
 (12) BIRTHPLACE Edgefield, S.C.  
 (13) OCCUPATION Textile  
 (20) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Katie Emma Tucker  
 (15) PRESENT POSTOFFICE OF MOTHER Bath, S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 15  
 (Year)  
 (18) BIRTHPLACE Columbia, S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:35 AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Turnbull, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Draughton, S.C.

Given name added from a supplemental report

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

19 .....

(27) Filed Dec. 16, 1921 (28) L. W. Spradley  
 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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