

## (1) PLACE OF BIRTH

County of *Salisbury*Township of *Salisbury Creek*

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

26826

Registration District No. *2800*Registered No. *138*  
(For use of Local Registrar)

(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 *Wesley Marshall*

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL?

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married? *yes*

7) DATE OF

BIRTH *May 14, 1914*  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

*Wesley Marshall*

9) PRESENT POSTOFFICE OF FATHER

*Salisbury, S.C.*

10) COLOR OR RACE

11) AGE AT LAST BIRTHDAY

*23*  
(Years)

12) BIRTHPLACE

*Salisbury, S.C.*

13) OCCUPATION

*Farmer*

20) Number of children born to mother, including present birth

*13*

## MOTHER.

14) NAME BEFORE MARRIAGE

*Wesley Marshall*

15) PRESENT POSTOFFICE OF MOTHER

*Salisbury, S.C.*

16) COLOR OR RACE

*Black*

17) AGE AT LAST BIRTHDAY

*23*  
(Years)

18) BIRTHPLACE

*Salisbury, S.C.*

19) OCCUPATION

*Farmer*

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

*13*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *May 14, 1914* at *12 M.*  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed *7-21**1922*

(28)

Local Registrar.

19  
Registrar

\*When there was no attending physician or midwife, then the father, household, 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.