

(1) PLACE OF BIRTH

County of Marble
 Township of Red Hill
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 3307

No. for State Register
33241

Registered No. 48
 (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 Myrtle Marshall

(1) SEX girl (2) DATE OF BIRTH Sept. 26, 1923
 (3) AGE AT LAST BIRTHDAY 4-2 (4) COLOR OR RACE White (5) BIRTHPLACE Marble C. H. S.
 (6) OCCUPATION Machineist

(7) NAME BEFORE MARRIAGE Melina Bell Spivey

(8) PRESENT POSTOFFICE OF FATHER Bennettsville

(9) PRESENT POSTOFFICE OF MOTHER Bennettsville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 4-2 (12) BIRTHPLACE Marble C. H. S.

(13) OCCUPATION Machineist

(14) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BORN 1-4

(15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BORN 1-4

(16) I hereby certify that I attended the birth of this child, who was... on the date above stated.

(17) (Signature) [Signature] (18) State whether Physician or Midwife Midwife

(19) Address of Physician or Midwife Bennettsville S.C.

(20) Witness (Signature of Witness necessary only when question 18 is signed by mark)

(21) 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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