

(1) PLACE OF BIRTH

County of Marlboro

Township of

or
Inc. Town of Bennettsvilleor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 33A

File No.—For State Registrar Only

43683

Registered No. 131
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec-12-22</u> (Name of Month) (Day) (Year)
--------------------------------	---	------------------------------	--	---

FATHER.

(8) FULL NAME Rev F. Marcus(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION Preacher(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Orme Corrigton(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Jacksonville Fla.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. May

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

ms Bennettsville S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Dec 14 1922 (28) Mr. W. W. Pato
Registrar 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.*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.