

(1) PLACE OF BIRTH

County of Bamberg

Township of

Inc. Town of

City of Bamberg

(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. 400No. 31024Registered No. 36
(For use of Local Registrar)(2) Full Name of Child Marion E. Black

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

(3) SEX Female (4) Type of Birth Normal (5) Number in order of birth 1 (6) Age of mother 28 (7) DATE OF BIRTH 1917 (Month) 1 (Day) 28 (Year)

FATHER.

(8) FULL NAME James B. Black(9) PRESENT RESIDENCE OF FATHER Bamberg SC(10) COLOR White (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE Barnwell Co SC(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME OF MOTHER Rose May Kern(15) PRESENT RESIDENCE OF MOTHER Bamberg SC(16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Year)(18) BIRTHPLACE Hampton Co SC(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated. (22) (Signature) R. H. Black (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Bamberg SC

When name of child given a supplemental report

(25) Witness Janie J. J. J.(26) Filed 11/12/17 (27) Local Registrar Janie J. J. J.

If a child is born to an attending physician or midwife, then the father, householder, etc., should make this return. If a child is born 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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