

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH
County of Orangeburg
Township of
or
Inc. Town of
or
City of Orangeburg

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No.

FILE No.—For State Registrar Only
22 049286

Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD Marion Ashley Shecut, Jr. (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)
If child is not yet named, make supplemental report as directed.

3. Boy or Girl boy	If Plural births	4. Twin, triplet or other..... 5. Number, in order of birth.....	6. Premature..... Full term.....	7. Are Parents Married? yes	8. Date of birth Feb. 11 , 19 22 (Month, day, year)
9. Full name FATHER Marion Ashley Shecut			18. Name before marriage MOTHER Winnie Weimer		
10. Residence (mailing address) (If non-resident, give place and State) Orangeburg			19. Residence (mailing address) (If non-resident, give place and State) Orangeburg		
11. Color or race white		12. Age at last birthday 39 (Years)	20. Color or race white		21. Age at last birthday 22 (Years)
13. Birthplace (city or place) (State or country) Augusta, Ga.			22. Birthplace (city or place) (State or country) Branchville, S.C.		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....			23. Trade, profession, or particular kind of work done, as house- keeper, typist, nurse, clerk, etc.....		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. salesman			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead..... (c) Stillborn.....					
28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... (Before labor..... During labor.....)					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** at **9 a.m.** on the date above stated.
(Born alive or stillborn)

(When there was no attending physician)
or midwife, then the father, householder,
etc., should make this return.

Given name added from
a supplementary report.....
(Date of)

(Signed) **Lin C. Shecut, /s/**, M.D.

or....., Midwife.
Orangeburg, S.C.

Address.....
Filed **11/12**, 19**42** **M.B. Woodward, M.D.**
Registrar.

Registrar.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

E. KENNETH AYCOCK, M.D., M.P.H., COMMISSIONER
J. MARION SIMS BUILDING — 2600 BULL STREET
COLUMBIA, SOUTH CAROLINA 29201

"I hereby certify this to be a true transcript of information contained on the
record filed for this individual."

E. Kenneth Aycock
Commissioner and State Registrar

Doris M. Byars
Assistant State Registrar