

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

FILE No.—For State Registrar Only
 22 049286

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

Registration District No. 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 6. Premature 7. Are Parents Married? yes 8. Date of birth Feb. 11, 1922
 (Month, day, year)

9. Full name FATHER
Marion Ashley Shecut
 10. Residence (mailing address) Orangeburg
 (If non-resident, give place and State)
 11. Color or race white 12. Age at last birthday 39 (Years)
 13. Birthplace (city or place) Augusta, Ga.
 (State or country)

18. Name before marriage MOTHER
Winnie Weimer
 19. Residence (mailing address) Orangeburg
 (If non-resident, give place and State)
 20. Color or race white 21. Age at last birthday 22 (Years)
 22. Birthplace (city or place) Branchville, S.C.
 (State or country)

OCCUPATION
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. salesman
 16. Date (month and year) last engaged in this work 19.....
 17. Total time (years) spent in this work

OCCUPATION
 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife
 25. Date (month and year) last engaged in this work 19.....
 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.)

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

Given name added from
 a supplementary report (Date of)

or Midwife.
Orangeburg, S.C.

Address
 Filed 11/12, 1942 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, M.D.
 Commissioner and State Registrar

Paris M. Byars
 Assistant State Registrar

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)