

## (1) PLACE OF BIRTH

County of Marlboro.  
 Township of Hebren.  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

12093

Registration District No. 3.30.4. Registered No. 58  
 (For use of Local Registrar)

(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

## (2) Full Name of Child

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH mar 11 22  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME marsh m. R. R. R.

(9) PRESENT POSTOFFICE OF FATHER Clis. S. P.

(10) COLOR OR RACE col

(11) AGE AT LAST BIRTHDAY 30  
 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Labourer

## MOTHER

(14) NAME BEFORE MARRIAGE Edel Clark

(15) PRESENT POSTOFFICE OF MOTHER Clis. S. P.

(16) COLOR OR RACE col

(17) AGE AT LAST BIRTHDAY 17  
 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Labourer

(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was White at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) midwife Cornelius Smith (23) Address of Physician or Midwife

(24) State whether Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Apr 11 1922 (27) W. H. Woodley 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.