

## (1) PLACE OF BIRTH

County of **Darlington**Township of **Hartsville**

Inc. Town of .....

City of .....

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

(2) Full Name of Child **Marlon Hall**

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

(3) SEX OR  
ONLY **0.**(4) Twin  
or Triplet  
To be answered only in event of Twin or Triplet(5) Number in  
order of birth(6) Are  
Parents  
Married **No**(7) DATE OF  
BIRTH **Feb. 17/23**  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME **Fred Hall**(9) PRESENT  
POSTOFFICE  
OF FATHER **Hartsville, S. C.**(10) COLOR  
OR  
RACE **B.** (11) AGE AT LAST  
BIRTHDAY **25**  
(Years)(12) BIRTHPLACE  
**S. C.**(13) OCCUPATION  
**Farmer**(20) Number of children born to  
mother, including present birth **1**

## MOTHER.

(14) NAME BEFORE  
MARRIAGE **Julia Garner**(15) PRESENT  
POSTOFFICE  
OF MOTHER **Hartsville, S. C.**(16) COLOR  
OR  
RACE **B.** (17) AGE AT LAST  
BIRTHDAY **18**  
(Years)(18) BIRTHPLACE  
**S. C.**(19) OCCUPATION  
**Farm work.**(21) Number of children of this mother  
now living, including present birth **1**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was **alive** at **5 A. M.**  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **Priscilla Copeland**(24) State whether Physician or Midwife  
**Midwife**(25) Address of Physician or Midwife  
**Hartsville, S. C.**(If name added from a supplement-  
al report)

(26) Witness

(Signature of Witness necessary only  
when question 24 is signed for mark)(27) Filed **March 10 23**

(28) 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.

before the time