

(1) PLACE OF BIRTH

County of Durham

Township of

Inc. Town of St. George

City of

(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

File No. - For State Registrar Only

3689

Registration District No. 17.03Registered No. 18
(For use of Local Registrar)(2) Full Name of Child Marshall DeLoach Platt Jr.
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>✓</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1st</u>	(6) Age Parents Married <u>40</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>10</u>
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FATHER		MOTHER	
(8) FULL NAME <u>Marshall DeLoach Platt</u>	(9) NAME BEFORE MARRIAGE <u>Sallie Lewis Fekken</u>	(10) PRESENT POSTOFFICE OF FATHER <u>St. George S.C.</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>St. George S.C.</u>
(11) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>72</u> (Years)	(11) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>		(12) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Painter</u>		(13) OCCUPATION <u>Home M.C.</u>	
(14) Number of children born to mother, including present birth <u>one</u>		(14) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour M. or P.M.)(23) (Signature) A.D. DeLoach
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
St. George S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed 10 (28) Date of Birth 10 (29) Registrar
St. George S.C.

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.

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