

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 8.

(1) PLACE OF BIRTH
County of Marion
Township of Marion
or Inc. Town of Marion
or City of Marion (No. 324 St.; 106 Ward)
(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
39354

Registration District No. 324 Registered No. 106
(For use of Local Registrar)

(2) Full Name of Child Edward Blue Quinones (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 16, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Walker L. Quinones
(9) PRESENT POSTOFFICE OF FATHER Marion S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Marion S.C.
(13) OCCUPATION Furrier
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Rosebelle Rogers
(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Marion County
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report
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..... 19 1922 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
[Signature]
(27) Filed Dec 10, 1922 (28) Lena Montgomery 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.

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