

Form No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of 4
 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

3777

Registration District No. Registered No. 28
 (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.)

(2) Full Name of Child Myra Marion

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

1. BOY OR GIRL <u>girl</u>	4. Twin or Triplet	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>July 3, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>John Marion</u>			14. NAME BEFORE MARRIAGE <u>Marion White</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Green Hill</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Green Hill</u>	
10. COLOR OR RACE <u>white</u>	11. AGE AT LAST BIRTHDAY <u>38</u> (Years)	16. COLOR OR RACE <u>colored</u> 17. AGE AT LAST BIRTHDAY <u>34</u> (Years)		
12. BIRTHPLACE <u>Green Hill, South Carolina</u>			18. BIRTHPLACE <u>Green Hill, South Carolina</u>	
13. OCCUPATION <u>Farmer</u>			19. OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>18</u>			21. Number of children of this mother now living, including present birth <u>18</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary A. ...

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Green Hill, S.C.

Given name added from a supplemental report

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

(27) Filed Mar 10 19 23 (28) M. Haynes
 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.

When the child is born, the mother shall be examined by a physician or midwife, and the child shall be examined by a physician or midwife, and the results of the examination shall be reported to the local registrar.

Revised by Columbia, Columbia, S.C.