

(1) PLACE OF BIRTH

County of Florence
 Township of Hammond
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 40375 - For State Registrar Only
 40375

Registration District No. 2-6-6 Registered No. 3-6
 (For use of Local Registrar)

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

(2) Full Name of Child Mary E. Poston (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Mother in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 1, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Nathaniel Poston</u>	(14) NAME BEFORE MARRIAGE <u>Ella Mahelle Poston</u>	(9) PRESENT POSTOFFICE OF FATHER <u>My man</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>My man</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1 2</u>	(21) Number of children of this mother now living, including present birth <u>1 2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Poston (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife M. D. | Laurens, S.C.

(Given name added from a supplemental report)

J. F. Fuirer
Jan 19, 1924
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Jan 1, 1924 (28) W. H. Poston

*When there was no attending physician or midwife, then the father, householder, etc., must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.