

(1) PLACE OF BIRTH **Columbia** **CERTIFICATE OF BIRTH**

County of **Charleston** **STATE OF SOUTH CAROLINA.**
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

35205

Township of **Charleston**
or
Inc. Town of **Charleston** Registration District No. **12A** Registered No. **93**
(For use of Local Registrar)
or
(City of **Charleston** (No. **34** Ward **23**))
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child **Lucile Marshall** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Girl** (4) Twin or Triplet? **No** (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE BIRTH **Mar. 28 23**
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME **Curtis Marshall**

(9) PRESENT POSTOFFICE OF FATHER **Charleston S.C.**

(10) COLOR OR RACE **negro** (11) AGE AT LAST BIRTHDAY **21** (Years)

(12) BIRTHPLACE **Charleston S.C.**

(13) OCCUPATION **Delivered**

(14) Number of children born to mother, including present birth **one**

MOTHER.
(14) NAME BEFORE MARRIAGE **Annie Powe**

(15) PRESENT POSTOFFICE OF MOTHER **Charleston S.C.**

(16) COLOR OR RACE **negro** (17) AGE AT LAST BIRTHDAY **21** (Years)

(18) BIRTHPLACE **Charleston S.C.**

(19) OCCUPATION **House wife**

(20) Number of children of this mother now living, including present birth **one**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **8:30 A.** M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) **Agnes D. Dyer**

(24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Charleston S.C.**

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed as stillborn) **Wm. Dyer**

(27) Filed **Dec 23 1923** (28) **Wm. Dyer** 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.

Secure the same month of pregnancy.