

(1) PLACE OF BIRTH

County of Richland

Township of

or Inc. Town of

City of Columbia

(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

No. 1.—For State Registrar Only

38193

Registration District No. 382 Registered No. 1807
(For use of Local Registrar)

(No. Baptist Hospital St.; Ward)

(2) Full Name of Child Elizabeth Anned Marshall

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth 1st

(6) Are Parents Married? yes

(7) DATE OF BIRTH Oct 17 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Smitman Marshall

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY 24
(Year)

(12) BIRTHPLACE Columbia S.C.

(13) OCCUPATION Lawyer

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Helen Claire Bruton

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY 20
(Year)

(18) BIRTHPLACE Troy, A.C.

(19) OCCUPATION h's work

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 P.M. on the date above stated.
(born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. B. Bayward

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Columbia, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 not signed by maker)

(27) Filed 11-31-1922 (28) 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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