

(1) PLACE OF BIRTH

County of CharlestonTownship of Marionor
Inc. Town ofor
City of

(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

17273

Registration District No. 1397Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Marion Louise

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

| | | | | |
|------------------------------|--------------------------------|---------------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>April 23 1923</u> (Name of Month) (Day) (Year) |
|------------------------------|--------------------------------|---------------------------------------|-------------------------------------|--|

FATHER.

(8) FULL NAME Frank L. Luman(9) PRESENT POSTOFFICE OF FATHER Marion(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Marion(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Luman(15) PRESENT POSTOFFICE OF MOTHER Marion(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Marion(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 5 P. M. on the date above stated.(23) (Signature) Physician(24) State whether Physician or Midwife (25) Address of Physician or Midwife Marion

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 9 1923

(28)

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.