

## (1) PLACE OF BIRTH

County of RICHLAND  
 or  
 Township of LOWER  
 or  
 Inc. Town of .....  
 or  
 City of ..... (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 Eddie Marshall

File No.—For State Registrar Only

91653

Registration District No. 3803 Registered No. 4406  
 (For use of Local Registrar)

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

(3) BOY OR

GIRL

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Dec 25 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Frank Marshall

(9) PRESENT POSTOFFICE OF FATHER

Congace

(10) COLOR OR RACE

NEGRO

(11) AGE AT LAST BIRTHDAY

25  
 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

Farmer

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

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Maranda Marshall

(15) PRESENT POSTOFFICE OF MOTHER

Congace

(16) COLOR OR RACE

NEGRO

(17) AGE AT LAST BIRTHDAY

30  
 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

MIDWIFE

(25) Address of Physician or Midwife

Congace

Given name added from a supplemental report

(26) Witness

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

(27) Filed

12/30/16

(28)

F. W. Smith  
 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOBAC OF COLUMBIA, COLUMBIA, S. C.