

(1) PLACE OF BIRTH

County of Edgefield

Township of

Inc. Town of Seneca

City of

(No. St. Ward)
(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

40086

Registration District No. 1.8.9.3 Registered No. 11
(For use of Local Registrar)(2) Full Name of Child Marshall Latham (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 30 23
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Latham(9) PRESENT POSTOFFICE OF FATHER Seneca S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Jones(15) PRESENT POSTOFFICE OF MOTHER Seneca S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at F.P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Georgia Ann Lusk(24) State whether Physician or Midwife (25) Address of Physician or Midwife Seneca S.C.

Given name added from a supplemental report

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

(27) Filed Aug 4 1923 (28) J. E. Miller 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 stillborns before the fifth month of pregnancy.