CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
43594

(1) PLACE OF BIRTH

County of Marion

Township of .....
or
Inc. Town of Marion
or
City of .....

Registration District No. 22A Registered No. 181
(For use of Local Registrar)

(No. N Main 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 Constance Foxworth If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl
(4) Twin or Triplet? X
(5) Number in order of birth X
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes.
(7) DATE OF BIRTH Oct. 17 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME LaVerne L. Foxworth
(9) PRESENT POSTOFFICE OF FATHER Marion S. C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Marion Co. SC
(13) OCCUPATION Auto Salesman
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Galloway
(15) PRESENT POSTOFFICE OF MOTHER Marion, S. C.
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Marion Co. SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

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) at 1 a. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) E Marvin Deloach
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Marion SC

Given name added from a supplemental report

..... , 19 ....
Registrar

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

(27) Filed Jan. 10 1923 (28) Lena Montgomery
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.

Registrar

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N. B.—In case of TWINS or TRIPLETS, use this form for one child and write the other, No. 2, etc., in margin. PRINT-BORN, No. 1. THE OTHER, No. 2, etc.
McCAW & McCAW OF COLUMBIA, COLUMBIA, S. C.