

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

43648

Registration District No. 3105Registered No. 156
(For use of Local Registrar)

(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

Mary Catherine Mayers

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

3) BOY OR GIRL Girl

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married? Yes

7) DATE OF

BIRTH Dec. 19 1922
(Name of Month) (Day) (Year)

FATHER

8) FULL NAME Cornelius Fitzmaur Mayers9) PRESENT POSTOFFICE OF FATHER Mullins AP10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 23 (Years)12) BIRTHPLACE Marion Co13) OCCUPATION Farmer20) Number of children born to mother, including present birth 2

MOTHER

14) NAME BEFORE MARRIAGE Carrie May Flayh15) PRESENT POSTOFFICE OF MOTHER Mullins AP16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 21 (Years)18) BIRTHPLACE Marion Co19) OCCUPATION House wife21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. L. Martin, M.D.(24) State whether Physician or Midwife(25) Address of Physician or Midwife Mullins AP

Given name added from a supplemental report

(26) Witness

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

(27) Date Jan 9 1923(28) Local Registrar J. L. Martin

*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.