

(1) PLACE OF BIRTH

County of Marion
Township of Buckner

or
Inc. Town of

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
22501

(2) Full Name of Child Rose Ellen Marshall If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Feb 19 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gabriel Marshall

(9) PRESENT POSTOFFICE OF FATHER Buckner SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Buckner SC

(13) OCCUPATION Subs. Work

(14) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie McFall

(15) PRESENT POSTOFFICE OF MOTHER Buckner SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Buckner SC

(19) OCCUPATION House Keeper

(21) Number of children of this mother now living, including present birth { 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 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 (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 1st.....

..... Registrar

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

(27) Filed 2/22 1922 (28) G. H. Singleton 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.

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