

(1) PLACE OF BIRTH

County of OrangeburgTownship of Ironor
Inc. Town ofor
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

5369

Registration District No. 3619 Registered No. 2
(For use of Local Registrar)(2) Full Name of Child Jennie Marcus (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 19, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Marcus(9) PRESENT POSTOFFICE OF FATHER Orly SC(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 49
(Years)(12) BIRTHPLACE Orly SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Barry Fendles(15) PRESENT POSTOFFICE OF MOTHER Orly SC(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE Orly SC(19) OCCUPATION W. W. S.(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Sella K. R. M. R.(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Orangeburg SC

Given name added from a supplemental report

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

(27) Filed Feb 27, 22 (28) W. Hampton Dukes
Local RegistrarWhen 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.