

MAJIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MAKE ONE COPY IN case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Greenville  
Township of James  
OF  
Inc. Town of.....  
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

No. — For State Registrar Only  
**11472**

Registration District No. 3504 Registered No. 20  
(For use of Local Registrar)

(2) Full Name of Child

Mary Elizabeth Kissel

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

(3) BOY OR GIRL Girl  
(4) Twin or Triplet  
To be answered only in case of Twin or Triplet

(5) Are parents married? yes

(6) DATE OF BIRTH 3/14/23  
(Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME Leed Kissel  
(8) PRESENT POSTOFFICE OF FATHER Winn, S.C.  
(9) COLOR OR RACE White  
(10) BIRTHPLACE S.C.  
(11) AGE AT LAST BIRTHDAY 22  
(12) OCCUPATION Mill apt  
(13) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Margie Pauline Kissel  
(15) PRESENT POSTOFFICE OF MOTHER Winn, S.C.  
(16) COLOR OR RACE White  
(17) AGE AT LAST BIRTHDAY 17  
(18) BIRTHPLACE Ga.  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was... above at 2:10 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) H. C. Marshall  
(23) State whether Physician or Midwife Physician

(24) Address of Physician or Midwife Winn, S.C.

(Given name added from a supplemental report)

(25) Witness (Signature of Witness necessary only when Question 23 is signed by male)

(26) Filed 4/10/23 (27) 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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