

(1) PLACE OF BIRTH

County of MarionTownship of Marion

or

Loc. Town of Marion

or

City of Marion

(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

3989

Registered No. 10
(For use of Local Registrar)(2) Full Name of Child. Marion

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 1st(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar. 29, 1922

FATHER.

(8) FULL NAME Frank A. Staps(9) PRESENT POSTOFFICE OF FATHER Marion(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Marion(13) OCCUPATION owner

MOTHER.

(14) NAME BEFORE MARRIAGE Mary G. Whaley(15) PRESENT POSTOFFICE OF MOTHER Marion(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Marion(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. G. D. [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Marion

Given name added from a supplemental report

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

(27) Filed Mar. 15, 1922 (28) A. G. D. [Signature] 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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