

## (1) PLACE OF BIRTH

County of MarionTownship of Marionor  
Inc. Town of MarionCity of Marion

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. — For State Registrar Only

7761

Registration District No. 32ARegistered No. 31  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Iola Rhue

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

(3) SEX OR G.W. girl (4) Twin or Triplet single (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH March 8, 1923  
(To be answered only in event of Twin or Triplet)

## FATHER.

(8) FULL NAME Reuben Rhue(9) PRESENT POSTOFFICE OF FATHER Marion(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 17  
(Year)(12) BIRTHPLACE W. A. C. S.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 1

## CERTIFICATE OF ATTENDANCE

(20) I hereby certify that I attended the birth of the child named above on the date above stated.

(21) (Signature) Josephine Brister(22) State whether Physician or Midwife midwife(23) Address of Physician or Midwife 10 P. M.

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 20 is signed by mark)

(25) Filed April 10, 1923 (26) Local Registrar Leona Hartgman

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 regarded as stillborn. No report is desired of stillborns before the first month of pregnancy.