

MARGIN DESIGNATED FOR BINDING
 WRITING PLAINLY, WITH UNFADING INK—FILL IN A PERMANENT RECORD.
 N. B.—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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		State Board of Health	
County of <u>Marion</u>		Registration District No. <u>32A</u>		Registered No. <u>107</u> (For use of Local Registrar)	
Township of <u>Marion</u>		(No. <u>107</u> St. <u>107</u> Ward <u>107</u>)			
Inc. Town of <u>Marion</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
City of <u>Marion</u>					
(2) Full Name of Child <u>Elizabeth Beatrice Gerald</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 25 1924</u> (Name of Month) (Day) (Year)	
FATHER:			MOTHER:		
(8) FULL NAME <u>Raymond Gerald</u>			(14) NAME BEFORE MARRIAGE <u>Bertha Frances Cook</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Welling A. C. R. 3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Welling A. C. Route 3</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Marion Co., S. C.</u>			(18) BIRTHPLACE <u>Marion Co., S. C.</u>		
(13) OCCUPATION <u>leading man</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>		(24) State whether Physician or Midwife <u>Physician</u>			
(25) Address of Physician or Midwife <u>Marion, S. C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>[Signature]</u>			
19 <u>24</u> Registrar <u>[Signature]</u>		(27) Filed <u>Dec 10 1924</u> Local Registrar <u>[Signature]</u>			

*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.