

## (1) PLACE OF BIRTH

County of *Marble Creek*  
 Township of *Bardonia*  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

8401

Registration District No. *4500*Registered No. *29*

(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Amelia*

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

(3) BOY OR GIRL *Boy*(4) Twin or Triplet *—*(5) Number in order of birth *1*(6) Are Parents Married *yes*(7) DATE OF BIRTH *Feb 15 1922*

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *Lucius Talbot*(9) PRESENT POSTOFFICE OF FATHER *Plum Branch S.C.*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *30* (Years)(12) BIRTHPLACE *Edgewood S.C.*(13) OCCUPATION *Housekeeper*

(14) Number of children born to mother, including present birth

## MOTHER

(14) NAME BEFORE MARRIAGE *Mandy Miller*(15) PRESENT POSTOFFICE OF MOTHER *Plum Branch S.C.*(16) COLOR OR RACE *Caucas* (17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *Edgewood S.C.*(19) OCCUPATION *Farmer*(20) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *D. A. Talbot*(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Marble Creek S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Date *Mar 16 1922* (28) Local Registrar *R. D. Mutton*

When there was no attending physician or midwife, then the father, householder, etc., should make this return if a child breathes even once. It need not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

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