

Form No. 1

(1) PLACE OF BIRTH

County of LaurensTownship of Hamlet

or

Inc. Town of

or

City of

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

(2) Full Name of Child Emmie C. Marnie

File No.—For State Registrar Only

43296

Registration District No. 7902 Registered No. 127
(For use of Local Registrar)

(3) SEX OR AGE? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 15 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Willie Marnie(9) PRESENT POSTOFFICE OF FATHER Maconville Ga(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Laurens Co(13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER Maconville Ga(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Laurens Co(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ellen Fullen(24) State whether Physician or Midwife (25) Address of Physician or Midwife Maconville Ga

Given name added from a supplemental report

(26) Witness

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

(27) Feb 15 1922 (28) B. H. Fullen
Registrar 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.