

(1) PLACE OF BIRTH

County of Sharon
 Township of Marion
 or
 Inc. Town of Marion
 or
 City of Marion

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

Registration District No. 33A

No. 4551
 Registered No. 18
 (For use of Local Registrar)

(2) Full Name of Child

Arthur Tart

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

(3) SEX OF CHILD girl (4) girl (5) girl (6) girl (7) girl
 (8) girl (9) girl (10) girl (11) girl (12) girl
 (13) girl (14) girl (15) girl (16) girl (17) girl
 (18) girl (19) girl (20) girl (21) girl (22) girl
 (23) girl (24) girl (25) girl (26) girl (27) girl
 (28) girl (29) girl (30) girl (31) girl (32) girl
 (33) girl (34) girl (35) girl (36) girl (37) girl
 (38) girl (39) girl (40) girl (41) girl (42) girl
 (43) girl (44) girl (45) girl (46) girl (47) girl
 (48) girl (49) girl (50) girl (51) girl (52) girl
 (53) girl (54) girl (55) girl (56) girl (57) girl
 (58) girl (59) girl (60) girl (61) girl (62) girl
 (63) girl (64) girl (65) girl (66) girl (67) girl
 (68) girl (69) girl (70) girl (71) girl (72) girl
 (73) girl (74) girl (75) girl (76) girl (77) girl
 (78) girl (79) girl (80) girl (81) girl (82) girl
 (83) girl (84) girl (85) girl (86) girl (87) girl
 (88) girl (89) girl (90) girl (91) girl (92) girl
 (93) girl (94) girl (95) girl (96) girl (97) girl
 (98) girl (99) girl (100) girl

FATHER
 (1) FULL NAME Olly Tart
 (2) PRESENT POSTOFFICE OF FATHER Marion
 (3) COLOR OR RACE Black (4) AGE AT LAST BIRTHDAY 4
 (5) BIRTHPLACE Marion
 (6) OCCUPATION farmer
 (7) Number of children born to mother, including present child 1

MOTHER
 (1) NAME BEFORE MARRIAGE Vella Johnson
 (2) PRESENT POSTOFFICE OF MOTHER Marion
 (3) COLOR OR RACE Black (4) AGE AT LAST BIRTHDAY 4
 (5) BIRTHPLACE Marion
 (6) OCCUPATION farmer
 (7) Number of children of the mother now living, including present child 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (2) born alive or stillborn (3) born alive or stillborn

(4) (Signature) Midwife (5) State South Carolina (6) Address of Physician or Midwife Marion

Given name added from a supplemental report

(7) Witness Anna Montgomery (8) Anna Montgomery

When there was no attending physician or midwife, the report is subject to correction.