

MARION REPRODUCED FOR BIDDING  
 PRINTED ALABAMA WITH SPECIAL PERMISSION OF THE STATE DEPARTMENT OF HEALTH  
 USE OF THIS FORM BY TRIPLET-BORN OR QUINUPLET-BORN CHILDREN REQUIRES A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 CHILD'S POSITION IN THE BIRTH ORDER BY WRITING IN THE APPROPRIATE SPACE THE LETTERS FIRST-BORN, SECOND-BORN, ETC., IN QUESTION 5.  
 STATE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

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

File No.—For State Registrar Only  
**3750**

County of ... C. Clarendon  
 Township of ... St. Paul  
 or  
 Inc. Town of .....

Registration District No. ... 1311 Registered No. ... 7  
 (For use of Local Registrar)

City of ..... (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 Rebecca Stanner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 1, 22  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Refus Stanner  
 (9) PRESENT POSTOFFICE OF FATHER St Paul, S.C.  
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 36  
(Years)  
 (12) BIRTHPLACE Clarendon Co. S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 16

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Bena T. Ludd  
 (15) PRESENT POSTOFFICE OF MOTHER St. Paul, S.C.  
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 33  
(Years)  
 (18) BIRTHPLACE Clarendon Co. S.C.  
 (19) OCCUPATION House Woman  
 (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 Dondalene at H.A.M. on the date above stated.  
(Born alive or stillborn) (M., F., or P. M.)

(23) (Signature) Susan D. King  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Paul, S.C.

Given name added from a supplemental report  
 .....

(26) Witness Eunice E. King  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb. 15, 1922 (28) J. Henry King  
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 stillbirth before the fifth month of pregnancy.