

MARGIN RESERVE FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK.—THIS IS 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.

OFFICE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

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

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

Registration District No. 3303

File No.—For State Registrar Only

4979

Registered No. 7
(For use of Local Registrar)

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

(2) Full Name of Child Marion East

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 30, 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Simon East
(9) PRESENT POSTOFFICE OF FATHER Pease St.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE Marion County
(13) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Leah East
(15) PRESENT POSTOFFICE OF MOTHER Pease St.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40 (Years)
(18) BIRTHPLACE Marion County
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 9:45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Marion County

Given name added from a supplemental report

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

(27) Filed Mar 1, 1912 (28) 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.

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