

(1) PLACE OF BIRTH

County of MarionTownship of Marionor
Inc. Town of Marionor
City of Marion

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 324

File No.—For State Registrar Only

7756

Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child

(3) Sex of Child <u>Male</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar. 10, 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Marion S. D.</u>	(14) NAME BEFORE MARRIAGE <u>Ellen K. D.</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Marion S. D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Marion S. D.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) BIRTHPLACE <u>Marion S. D.</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Marion S. D.</u>	(13) OCCUPATION <u>Marion S. D.</u>	(18) BIRTHPLACE <u>Marion S. D.</u>	(19) OCCUPATION <u>Marion S. D.</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Donatella M.
on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Donatella M.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Marion S. D.

Given name added from a supplemental report

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

(27) Filed Apr. 10, 1923 (28) Marion S. D. 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 25th month of pregnancy.