

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town of Adrianor
City of Columbia

(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

File No.—For State Registrar Only

16494

Registration District No. 880 Registered No. 1401

(For use of Local Registrar)

(No. 1000 Place 4th and St. Ward)(2) Full Name of Child Marion Whaley { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? B(4) Twin or Triplet? No(5) Number in order of birth 5(6) Are Parents Married? Yes(7) DATE OF BIRTH 5 25 1927

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marcellus Whaley(9) PRESENT POSTOFFICE OF FATHER Local SC(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE LA(13) OCCUPATION Lawyer(20) Number of children born to mother, including present birth { 5 }

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Reed(15) PRESENT POSTOFFICE OF MOTHER Local SC(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE LA LA(19) OCCUPATION —(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 alive at 11 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. B. B. B.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Local SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/19 1927 (28)

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.