

Form No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 3610

County of Marion

Township of Marionville

Inc. Town of .....

City of .....

Registration District No. 1-2-9-7

Registered No. 4  
(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 Eva Ashlin

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 16 1923  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Virgil Ashlin

(14) NAME BEFORE MARRIAGE Eva Bayne

(9) PRESENT POSTOFFICE OF FATHER Marionville R.

(15) PRESENT POSTOFFICE OF MOTHER Marionville R.

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 27 (Year)

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 32 (Year)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION at home

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Marshall Joseph (24) State whether Physician or Midwife (25) Address of Physician or Midwife Marionville R.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 22 is signed by male)

19 Registrar

(27) Filed Feb 23 1923 (28) E. D. Early 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.