

(1) PLACE OF BIRTH

County of Polk
Township of Antone
Inc. Town of Antone
City of Antone

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

Registration District No. 2950 Registered No. 4
(For use of Local Registrar)

File No. - For State Registrar Only

5140

(No. 1 of 1 Ward)
If birth occurs in a hospital or other institution, give name of same (street and number.)

(2) Full Name of Child Paul Marshall
If child is not yet named, make appropriate report as directed

(3) BOY OR GIRL Boy (4) Twin No (5) Number by order of birth 1st (6) Age Parents 28 (7) DATE OF BIRTH Jan. 20, 1922
To be answered only in case of Twins or Triplets

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 28

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER

(14) NAME BEFORE MARRIAGE Miss Marshall

(15) PRESENT POSTOFFICE OF MOTHER Antone, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22

(18) BIRTHPLACE Antone, S.C.

(19) OCCUPATION Housekeeping

(20) Number of children of this mother now living, including present birth 1

(21) Number of children born to mother, including present birth 1
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was alive at 10:25 AM on the date above stated
(23) (Signature) Sula Cant
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Antone, S.C.

Given name added from a supplemental report

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

(27) Filed Feb 29 1922 (28) A.P. Martin 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.

WHITE PLAINS: WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF DEATH OR MARRIAGE, THE REGISTRAR WILL BE NOTIFIED BY THE LOCAL REGISTRAR. NO. 1. THIS CERTIFICATE NO. 1. THIS CERTIFICATE NO. 1. THIS CERTIFICATE NO. 1.