

## (1) PLACE OF BIRTH

County of Marion

Township of .....

or  
Inc. Town of Marionor  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

11996

Registration District No. 32ARegistered No. 26  
(For use of Local Registrar)

(No. .... St. .... Ward)

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

(2) Full Name of Child Marian Dzella Smith

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

(3) BOY OR GIRL?

(4) Twin or Triplet? X(5) Number in order of birth X  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Jan. 27 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Cahly Helmore Smith

(9) PRESENT POSTOFFICE OF FATHER

Marion, S. C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 22  
(Year)

(12) BIRTHPLACE

Dillon Co. S. C.

(13) OCCUPATION

Road work -

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Pearl Lane

(15) PRESENT POSTOFFICE OF MOTHER

Marion, S. C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 22  
(Year)

(18) BIRTHPLACE

Marion Co. S. C.

(19) OCCUPATION

Housewife

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3:50 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marion Dzella

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Marion, 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 May 10 1922

(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.