

(1) PLACE OF BIRTH

County of York  
Township of York  
or  
Inc. Town of Yorkville  
City of Yorkville  
(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  
**8278**

Registration District No. 3004 Registered No. 71  
(For use of Local Registrar)

(2) Full Name of Child

Charles Marston

St.:  
Ward:  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? no  
To be answered only in event of Twin or Triplet

(5) Number in order of birth 1st

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 27, 1927  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Charles Marston

(9) PRESENT POSTOFFICE OF FATHER Yorkville S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 48 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Fireman

(20) Number of children born to mother, including present birth 5

MOTHER

(14) NAME BEFORE MARRIAGE Elizabeth Lacey

(15) PRESENT POSTOFFICE OF MOTHER Yorkville S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(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 born at 1200 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Estelle Brantley

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Camden St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 27, 1927

(28) Estelle Brantley 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.

MADE BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S. C. 1927. (Form No. 1, 1927.)