

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

41451

Registration District No. 109

Registered No. 266

(For use of Local Registrar)

(No. of Village)

St. 4 Ward

## (2) Full Name of Child

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

(3) BOY OR GIRL? girl	(4) Twin or Triplet? Single	(5) Number in order of birth one	(6) Are Parents Married? yes	(7) DATE OF BIRTH Aug 10, 1922
--------------------------	--------------------------------	-------------------------------------	---------------------------------	-----------------------------------

## FATHER.

(8) FULL NAME James R. Marshall

(9) PRESENT POSTOFFICE OF FATHER Loffrey St

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35

(12) BIRTHPLACE Warkes St

(13) OCCUPATION Cotton mill work

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Seay

(15) PRESENT POSTOFFICE OF MOTHER Loffrey St

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32

(18) BIRTHPLACE Richhill St

(19) OCCUPATION Domestic

(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 ... at ... on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 10, 1923

(28)

W. F. Smith

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.