

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

32368

County of Spartanbury
Township of Spartanbury
or
Inc. Town of
or
City of Spartanbury

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 4608 Registered No. 339
(For use of Local Registrar)

(2) Full Name of Child Marion Alfred Cole If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>1</u>	4) Twin or Triplet? <u>1</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>SEP 24 22</u> (Name) (Month) (Day) (Year)
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FATHER.

FATHER

1) FULL NAME *Tom Cole*

2) PRESENT POSTOFFICE OF FATHER *Sparksburg, R25C*

3) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *21* (Years)

4) BIRTHPLACE *SC*

5) OCCUPATION *Farmer*

6) Number of children born to mother, including present birth *2*

MOTHER

(14) NAME BEFORE MARRIAGE *gorie Bourne*

(15) PRESENT POSTOFFICE OF MOTHER *L. J. Bourne R 25*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *19* (Years)

(18) BIRTHPLACE *SC*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... *celeste* at *9:41* M.
(Born alive or stillborn) (Hour, A. M. or P. M.)
on the date above stated. *and of a female*

(23) (Signature)

(23) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
MARTIN B. WOODWARD, M.D.

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

(27) Filed Sept. 26 1922 (28) Mr. C. F. Garner
Local Registrar.

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.

~~third month of pregnancy.~~

could make this report