

(1) PLACE OF BIRTH

County of MarionTownship of Marionor Inc. Town of MarionCity of Marion

(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

7754

Registration District No. 35ARegistered No. 28
(For use of Local Registrar)(No. 35A St. 28 Ward)(2) Full Name of Child Marion Louise (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 8 1923
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Marion Louise (14) NAME BEFORE MARRIAGE Marion Louise(9) PRESENT POSTOFFICE OF FATHER Marion (15) PRESENT POSTOFFICE OF MOTHER Marion(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Year) (Year)(12) BIRTHPLACE Marion, South Carolina (18) BIRTHPLACE Marion, South Carolina(13) OCCUPATION Marion (19) OCCUPATION Marion(20) Number of children born to mother, including present birth 1 (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 & stillborn at 5:30 A.M. or P.M. on the date above stated.(23) (Signature) Marion (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marion

Given name added from a supplemental report

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

(27) Filed Feb 10 1923 (28) Local Registrar Marion

*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.

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