

(1) PLACE OF BIRTH

County of MarbleTownship of Pennettsville

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27169

Registration District No. 2301Registered No. 111

(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

Marta Stein

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

(3) BOY OR GIRL Girl(4) Twin or Triplet twin(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH June 19 27

FATHER.

(8) FULL NAME Joseph Stein(9) PRESENT POSTOFFICE OF FATHER Pennettsville S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Marble Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Pascoe(15) PRESENT POSTOFFICE OF MOTHER Pennettsville S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Marble Co. S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:45 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. F. Runney(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Pennettsville 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 Aug 17 27(28) Mr. J. F. Runney

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.