

## (1) PLACE OF BIRTH

County of GreenwoodTownship of Greenville

(If Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

7170

Registration District No. 2209ARegistered No. 21

(For use of Local Registrar)

(No. R1887

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 James Marshall

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

1) SEX (MALE) Male

2) Time of Birth

3) Number in order of birth

4) Are Parents Married? Yes

5) DATE of BIRTH

March 20, 20  
(Name of Month) Day Year

## FATHER.

6) FULL NAME James Marshall7) PRESENT POSTOFFICE OF FATHER Greenville S.C.8) COLOR OR RACE White9) AGE AT LAST BIRTHDAY 19  
Years10) BIRTHPLACE Lowndes Co. Tenn11) OCCUPATION Self-employed12) Number of children born to mother, including present birth 3

## MOTHER.

13) NAME BEFORE MARRIAGE James Katherine14) PRESENT POSTOFFICE OF MOTHER Lowndes15) COLOR OR RACE White16) AGE AT LAST BIRTHDAY 20  
(Years)17) BIRTHPLACE Lowndes Co. Tenn18) OCCUPATION Housewife19) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Survived or stillborn)

at 12 M.,  
Hour A. M. or P. M.)(21) (Signature) Charles H. Henson(22) State whether Physician or Midwife Physician(23) Address of Physician or Midwife  
R. F. D. No. 3

GREENVILLE, S.C.

(24) Witness

(Signature of Witness necessary only when question 20 is signed by mark)

Dr. J. H. Mack

This certificate should be returned to the State Board of Health, Columbia, S.C.