

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Yellow Springs
 Inc. Town of Highway
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 32

No. for State Register only
30897

Registered No. 119
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Marrow

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

3) SEX OF CHILD Boy 4) Type or Figure To be covered by in event of Twin or Triple 5) Number in order of birth 1 6) Age at last birthday 7 7) DATE OF BIRTH Sept 18 23
 (Name) (Month) (Day) (Year)

FATHER
 8) FULL NAME Otis Marrow

MOTHER
 14) NAME BEFORE MARRIAGE Annie Bell Ables

9) PRESENT RESIDENCE OF FATHER Pelzer St.

14) PRESENT RESIDENCE OF MOTHER Pelzer St.

10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 23

16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 19

12) BIRTHPLACE SC.16) BIRTHPLACE SC.

13) OCCUPATION Mill work

16) OCCUPATION Domestic

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

17) 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 Male 79 M., on the date above stated. (Sex) (Age)

(23) (Signature) M. A. Pelzer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pelzer St.

Given name added from a supplemental report

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

(27) Filed Nov 8 1923 (28) M. L. Crenshaw 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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 4.