

## (1) PLACE OF BIRTH

County of *Stonewall*Township of *Edinburg*

Inc. Town of

City of

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

2) Full Name of Child *Robert Marks Jr.*

File No.—For State Registrar Only

42806

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *2003*Registered No. *42*  
(For use of Local Registrar)

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Dec. 23, 1915</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>R. M. Marks</i>			(14) NAME BEFORE MARRIAGE <i>Marie George</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Edinburg</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Edinburg</i>	
(10) COLOR OR RACE <i>negro</i>	(11) AGE AT LAST BIRTHDAY <i>29</i> (Years)	(16) COLOR OR RACE <i>negro</i>	(17) AGE AT LAST BIRTHDAY <i>22</i> (Years)	
(12) BIRTHPLACE <i>Stonewall Co</i>			(18) BIRTHPLACE <i>Stonewall Co</i>	
(13) OCCUPATION <i>Farm laborer</i>			(19) OCCUPATION <i>Farm laborer</i>	
(20) Number of children born to mother, including present birth <i>3</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *7:30 A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dr. Della X. Shivers*

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife

*Midwife Edinburg*

Given name added from a supplemental report

(26) Witness *R. L. Reams*

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

(27) Filed *Dec 23, 1915* (28) *R. L. Reams*

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.

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