

7/12/42

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FILE No.—For State Registrar Only
04979

1. PLACE OF BIRTH
County of Williamsburg
Township of.....
or
Inc. Town of.....
or
City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 4302

Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD Jamie Alice Marshale { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Girl If Plural births 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? yes 8. Date of birth Oct 10 1922 (Month, day, year)

FATHER
Full name James Capers Marshall
Residence (mailing address) Williamsburg Co SC
(If non-resident, give place and State)

MOTHER
Name before marriage Althea Mc Knight
Residence (mailing address) Williamsburg Co SC
(If non-resident, give place and State)

10. Color or race white 11. Age at child's birth 34 (years)

18. Color or race white 19. Age at child's birth 32 (years)

12. Birthplace (city or place) Williamsburg Co SC
(State or country)

20. Birthplace (city or place) Williamsburg Co SC
(State or country)

13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

21. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife

14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. self

22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

15. Date (month and year) last engaged in this work present 1922

23. Date (month and year) last engaged in this work present 1922

16. Total time (years) spent in this work 17. Total time (years) spent in this work 24. Number of children of this mother (At time of birth and including this child) 4 (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

25. If stillborn, period of gestation..... months weeks 26. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born alive 5 a m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. J. C. Marshale, Parent

Given name added from a supplementary report..... (Date of)

or Guardian Address 330 Sumner St Charleston
Filed 8-20, 1942 M.B. Woodward Registrar.

Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate.)