

7/12/42

22 050041

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.)

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

FILE No.—For State Registrar Only

04979

Registered No. ....  
(For use of Local Registrar)

2. FULL NAME OF CHILD

Jamie Alice Marshall

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

3. Boy or Girl Girl 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 1942  
(Month, day, year)

FATHER  
Full name James Capers Marshall  
Residence (mailing address) Williamsburg Co SC  
(If non-resident, give place and State)  
11. Color or race white 12. Age at child's birth 34 (years)  
13. Birthplace (city or place) Williamsburg Co SC  
(State or country)  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. self  
16. Date (month and year) last engaged in this work present 1942  
17. Total time (years) spent in this work.....

MOTHER  
Name before marriage Cecilia Althea Mc Knight  
Residence (mailing address) Williamsburg Co SC  
(If non-resident, give place and State)  
20. Color or race white 21. Age at child's birth 32 (years)  
22. Birthplace (city or place) Williamsburg Co SC  
(State or country)  
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home  
25. Date (month and year) last engaged in this work present 1942  
26. Total time (years) spent in this work.....

27. 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.....

28. If stillborn, period of gestation..... months weeks 29. 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.

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

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

or..... Guardian

Address 330 Sumter St Charleston

Filed 8-20 1942 M.B. Woodward Registrar.

Registrar.