

(1) PLACE OF BIRTH

County of Marlboro
 Township of Liberty
 Inc. Town of Liberty
 City of Liberty

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

Registration District No 3304

No. for State Registrar Only
4600

Registered No. 25
 (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 Int. Name

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

3. BOY OR GIRL <u>Girl</u>	4. Twin or Triplet <u>-</u>	5. Number in order of birth <u>-</u>	6. Are Parents Married <u>yes</u>	7. DATE OF BIRTH <u>July 4, 1923</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
8. FULL NAME <u>French Revile</u>		14. NAME BEFORE MARRIAGE <u>Angelina Jacoby</u>		
9. PRESENT POSTOFFICE OF FATHER <u>Liberty, S.C.</u>		15. PRESENT POSTOFFICE OF MOTHER <u>Liberty, S.C.</u>		
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>47</u> (Year)	16. COLOR OR RACE <u>Roatan</u>	17. AGE AT LAST BIRTHDAY <u>41</u> (Year)	
12. BIRTHPLACE <u>S.C.</u>		18. BIRTHPLACE <u>S.C.</u>		
13. OCCUPATION <u>Farming</u>		19. OCCUPATION <u>Liberty</u>		
20. Number of children born to mother, including present birth <u>12</u>		21. Number of children of this mother now living, including present birth <u>11</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... at 11 A.M. at Liberty, S.C. on the date above stated.
 (Each alive or stillborn Hour M. or P.M.)

(23) (Signature) J. A. Barrow M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Liberty, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Mar 2, 1925 (28) W. T. Woodley Local Registrar

When there was no child born, the father, householder, etc., should make this return. If a child is born, it should be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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