

Form No. 1.

(1) PLACE OF BIRTH
County of York
Township of York
or
Inc. Town of
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
54219

Registration District No. 4408 Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child Marnie Irene Ofarell } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH March 12 1966
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Ofarell
(9) PRESENT POSTOFFICE OF FATHER York Rd 3
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE York Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Ofarell
(15) PRESENT POSTOFFICE OF MOTHER York Rd 3
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE York Co.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 4 A at 4 A on the date above stated.
(Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Georgia Williams
(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife York Route 3

(26) Witness Joe J. Barron (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed March 15 1966 (28) Joe J. Barron Local Registrar

Given name added from a supplemental report
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*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.

MARGIN RESERVED FOR BINDING.
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 5.

McGaw, of Columbia