

Form No. 1

(1) PLACE OF BIRTH

County of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42224

Registration District No. 1813

Registered No. 41

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Ruth Marshall

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Dec 27, 33

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Marshall

(9) PRESENT POSTOFFICE OF FATHER

Edgefield, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

41

(12) BIRTHPLACE

Edgefield County

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Martha Harris

(15) PRESENT POSTOFFICE OF MOTHER

Edgefield, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

39

(18) BIRTHPLACE

Edgefield

(19) OCCUPATION

Farm help

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

In Dec Barnes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Edgefield, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1881-1933

(28)

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.

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.

MADE IN COLUMBIA, COLUMBIA, S. C.