

## (1) PLACE OF BIRTH

County of Charleston S.C.  
Township of Charleston S.C.Inc. Town of Charleston S.C.City of Charleston S.C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 12A

File No.—For State Registrar Only

17178

Registered No. 87  
(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. Jerome Marshall

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

BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>June 14 1913</u> (Name of Month) (Day) (Year)
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## FATHER.

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

Number of children born to  
including present birth

9

## MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:40 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. D. Funderland

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianCharleston, S.C.

Name added from a supplemental report

191

Registrar

(26) Witness

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

(27) June 20 1913

(28)

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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