

(1) PLACE OF BIRTH

County of FlorenceTownship of Alle

In Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marion Addy If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH June 16 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Addy(9) PRESENT POSTOFFICE OF FATHER Sale City S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Day Labor(14) Number of children born to mother including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lula See Harper(15) PRESENT POSTOFFICE OF MOTHER Sale City S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 6 P.M.(23) (Signature) E. B. W. Courtney, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sale City 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 6/27/22

(28)

(29) 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.

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