(1) PLACE OF BIRTH

County of Marion

Township of .....

or

Inc. Town of Marion

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
39339

Registration District No. 33A Registered No. 96
(For use of Local Registrar)

(2) Full Name of Child ..... 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?	(7) DATE OF BIRTH.
	To be answered only in event of Twins or Triplets	1st	yes	July 12, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hoyt Dozier

(9) PRESENT POSTOFFICE OF FATHER Marion, S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Marion, S. C.

(13) OCCUPATION Automobile repairs Wholesale

(20) Number of children born to mother, including present birth 1st

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ingram

(15) PRESENT POSTOFFICE OF MOTHER Marion, S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Chesterfield Co. 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 at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E Marvin Dibble

(24) State whether Physician or ~~Midwife~~ (25) Address of Physician or ~~Midwife~~ Marion S C

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Dec 10, 1922 (28) Lura Montgomery
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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MARION BANNER PUB. CO. FOR BINDING.
WHITE PRINTING, WITH ENVELOPES—THIS IN A PHOTOGRAPHIC RECORD.
N. B.—In case of TWINS OR TRIPLETS, both use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.
Medal of Columbia, Columbia, S. C.