

(1) PLACE OF BIRTH

County of Marlboro
 Township of Williamville
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

43693

Registration District No. 3300 Registered No. 66

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 20 19 22
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wm C Corington (14) NAME BEFORE MARRIAGE Flora Gibson
 (9) PRESENT POSTOFFICE OF FATHER McClellan (15) PRESENT POSTOFFICE OF MOTHER McClellan
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE G.C. (18) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer (19) OCCUPATION Farmer Help
 (20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 10 A.M.,
 on the date above stated. (Born alive ☒) (Hour A. M. or P. M.)

(23) (Signature) Lou Overton(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date Dec 20 19 22 (28) A. L. Newton

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.