

## (1) PLACE OF BIRTH

County of LowndesTownship of Newtor  
Inc. Town of .....City of Greenville

(If birth occurs in a hospital or

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30963

Registration District No. 27902Registered No. 100  
(For use of Local Registrar)(2) Full Name of Child, Marion Irene Prince

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 Sept 13 27  
(Name of Month) (Day) (Year)(8) FULL NAME Marion Irene Prince(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 2(15) NAME BEFORE MARRIAGE Charles Sanford(16) PRESENT POSTOFFICE OF MOTHER Greenville(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 22 (Years)(19) BIRTHPLACE SC(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report

(26) Witness [Signature]  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 3 27 (28) J. W. Taylor 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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