

(1) PLACE OF BIRTH

County of Marion
 Township of Marionville
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

Registration District No. 4102

File No. - For State Registrar Only

19298

Registered No. 26
(For use of Local Registrar)

City of (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 Robert Lee If child is not yet named, make supplemental report as directed

(3) Sex of Child <u>Male</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr 20 1929</u> (Name) (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James M. ...</u>			(14) NAME BEFORE MARRIAGE <u>Rosa ...</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Marionville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Marionville</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>W</u>		
(12) BIRTHPLACE <u>SC</u>		(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>SC</u>		
		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>12</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Isella ...

(24) State Whether Physician or 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 mother)

(27) Filed

1929

(28)

Local Registrar

1929 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.