

(1) PLACE OF BIRTH  
 County of Windsor  
 Township of Indian  
 or  
 Inc. Town of .....  
 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  
47637

(2) Full Name of Child Marion Altman { 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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 28 1916  
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. Wesley Altman  
 (9) PRESENT POSTOFFICE OF FATHER Vox Is  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31 (Years)  
 (12) BIRTHPLACE Is  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Edith Lyerly  
 (15) PRESENT POSTOFFICE OF MOTHER Vox Is  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Is  
 (19) OCCUPATION housewife  
 (20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Asa E. Egan  
 (24) State whether Physician or Midwife. (25) Address of Physician or Midwife Johns Creek

Given name added from a supplemental report

191.....

Registrar

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

(27) Filed 7/3 1916 (28) In Layton 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.