

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Marion
Township of Marion Neve
or
Inc. Town of

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

Registration District No. 3200 Registered No. 50
(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 Marie White (If child is not yet named, make supplemental report as directed.)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 14 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John White</u>			(14) NAME BEFORE MARRIAGE <u>Marie White</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Marion Neve</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Marion Neve</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>50</u> (Years)		(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>Teacher</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) James C. Rogers

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Marion Neve

Given name added from a supplemental report

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

(27) Filed Oct 20 1922 (28) W. J. Rogers 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.