

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia, S.C.

(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

827?

Registration District No. 384 Registered No. 173

(For use of Local Registrar)

(2) Full Name of Child Mrs. Alice Marsh

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

(3) BOY OR GIRL? B (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Y (7) DATE Jan 22 1923

FATHER.

(8) FULL NAME Earnest Henry Marsh(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Richland Co S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Cora DuBose Giger(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Columbia S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) H. H. Hall(23) State whether Physician or Midwife (24) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) File Mar 20 1923 (27) A. J. D. Jones Local Registrar

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.