

(1) PLACE OF BIRTH

County of Marlboro
 Township of Highville
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
31297

Registration District No. 3302

Registered No. 310
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Mary Witherspoon

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 9 17 22
 (Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME James Witherspoon
 9) PRESENT POSTOFFICE OF FATHER Gibson NC
 10) COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 20
 12) BIRTHPLACE NC
 13) OCCUPATION Farming
 20) Number of children born to mother, including present birth 2

MOTHER.
 14) NAME BEFORE MARRIAGE Martha Lockhart
 15) PRESENT POSTOFFICE OF MOTHER Gibson NC
 16) COLOR OR RACE col 17) AGE AT LAST BIRTHDAY 24
 18) BIRTHPLACE NC
 19) OCCUPATION Farm Laborer
 21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Flora Lockhart

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summitville SC

Given name added from a supplemental report

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

(27) Filed 10/3 1922 (28) Flora Lockhart 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.