

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27897

Registration District No. 1409

Registered No. 3  
(For use of Local Registrar)(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 Marian Shoob

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

1 BOY OR GIRL

Boy

2 Twin or Triplet

3 Number in order of birth

4 Are Parents Married

Yes

5 DATE OF BIRTH

Feb. 23, 1923

(Name of Month) (Day) (Year)

## FATHER.

6 FULL NAME

M. L. Shoob

7 PRESENT POSTOFFICE OF FATHER

Walterboro, S.C.

8 COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34

(Year)

9 BIRTHPLACE

Russia

10 OCCUPATION

Merchant

12 Number of children born to mother, including present birth

3

## MOTHER.

14 NAME BEFORE MARRIAGE

Lena Steinberg

15 PRESENT POSTOFFICE OF MOTHER

Walterboro, S.C.

16 COLOR OR RACE

White

17 AGE AT LAST BIRTHDAY

32

(Year)

18 BIRTHPLACE

Russia

19 OCCUPATION

Housewife

21 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 3 A. M. on the date above stated.  
Born alive or stillborn Hour M. or P. M.

(23) (Signature)

J. C. Hoube, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

(27) Filed

Feb. 23, 1923

(28)

Miss Marion P. Pyle

Local Registrar

If 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.

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