

(1) PLACE OF BIRTH

County of Marion
 Township of
 OF
 Inc. Town of Marion
 OF
 City of
 (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

7750

Registration District No. 32ARegistered No. 24
(For use of Local Registrar)

(2) Full Name of Child

3) SEX
GIRL(4) Twin
or Triplet

To be answered only in event of Twins or Triplets

5) Number in
order of birth6) Are
Parents
Married?

(7) DATE OF

BIRTH Mar 15, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE

12) BIRTHPLACE

(11) AGE AT LAST
BIRTHDAY

(13) OCCUPATION

20) Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 47 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marion Schille

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Apr. 10, 1923(28) Marion Schille
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.Registrar 1*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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