

MAKING RESERVE FOR BINDING
WRITE PLAINLY. WHEN UNFADING INK—WHEN IN A PERMANENT RECORD.
N. B.—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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		State Board of Health	
County of <u>Marion</u>		Registration District No. <u>32A</u>		Registered No. <u>113</u> (For use of Local Registrar)	
Township of <u>Marion</u>		(No. St.; Ward)			
Inc. Town of <u>Marion</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
City of <u>Marion</u>		(2) Full Name of Child <u>George Quinton Sessions</u>		(If child is not yet named, make supplemental report as directed)	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 5 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>George Robert Sessions</u>			(14) NAME BEFORE MARRIAGE <u>Rhoda Jane Comen</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Marion, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Marion, S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)		
(12) BIRTHPLACE <u>Henry Co., S.C.</u>			(18) BIRTHPLACE <u>Henry Co., S.C.</u>		
(13) OCCUPATION <u>R.R. Section master</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>7:00</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Marion, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>22</u> Registrar			(27) Filed <u>Dec 10 1922</u> Local Registrar <u>[Signature]</u>		

*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.