

## (1) PLACE OF BIRTH

County of Mar. 1stTownship of Mar. 1stInc. Town of Mar. 1st

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

5463

Registration District No. 4-3-9-7Registered No. 8  
(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child Corey Bell Pascher

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

(3) SEX Male (4) Type Free (5) Number in order of birth 1 (6) Age 2 (7) DATE OF BIRTH July 21, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Pascher(9) PRESENT RESIDENCE OF FATHER Marionville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 45  
(Year)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Thirteen

## MOTHER.

(14) NAME BEFORE MARRIAGE Josephine McIntosh(15) PRESENT RESIDENCE OF MOTHER Marionville S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 47  
(Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Eleven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Charles at 7 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(22) (Signature) Philipp Pascher(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Marionville S.C.

Given name added from a supplemental report

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

(26) Filed July 26, 1922 (27) Local Registrar E. E. Jones

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.

MARRIAGE RECORDS FOR BIRTHS.  
 WRITE PLAINLY. WITH UNFADING INK.—THIS IS 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 1.  
 BE CAREFUL OF COLUMNS. COLUMBIA, S. C.