

## (1) PLACE OF BIRTH

County of Aiken  
 Township of Hammond  
 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

6270

Registration District No. 7 ..... Registered No. ....  
 (For use of Local Registrar)

City of ..... (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 Marlee Cushman {If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 22  
 (Name of Month) (Day) (Year)

FATHER Richard Cushman MOTHER Mary Caughtman  
 (8) FULL NAME (14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER Langley SC (15) PRESENT POSTOFFICE OF MOTHER Langley SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY ..... (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY .....  
 (Year) (Year)

(12) BIRTHPLACE home Richard Cushman (18) BIRTHPLACE

(13) OCCUPATION farm (19) OCCUPATION farm

(20) Number of children born to mother, including present birth 1 (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 ..... at 2 PM.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ..... (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife .....

Given name added from a supplemental report

Marlee Cushman

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

(27) Filed April 3 1922 (28) Geo. D. K. K. K. 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.