

(1) PLACE OF BIRTH

County of Oconee
 Township of Lawrence
 OF
 Inc. Town of Norway
 OF
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

4765

Registration District No. 204Registered No. 24
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Marguerite Herbert

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

(3) SEX OF CHILD <u>GIRL</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>4</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 14</u> 19 <u>28</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Smith & Herbert</u>			(14) NAME BEFORE MARRIAGE <u>Belle Jones</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Norway</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Norway</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Oconee</u>			(18) BIRTHPLACE <u>South Carolina</u>	
(13) OCCUPATION <u>Mill work</u>			(19) OCCUPATION <u>carpenter</u>	
(20) Number of children born to mother, including present birth <u>4</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 Born alive at 10:4 M., on the date above stated. (Born alive or stillborn. (Hour, M. or P. M.))

(23) (Signature) J. E. Herbert

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife South Carolina

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3/1/28 (28) 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.