

MARCH RECEIVED FOR RECORD.

STATE PLATE, WITH EXPANDING TIE-FRIES IS A PERMANENT RECORD.

ONE OF FIFTEEN COPIES OF FORMS NO. 1, 200 COPIES.

County of ... or Township of ... or City of ... (If birth occurred in hospital or other institution, give name of same instead of street and number.)	District of Vital Statistics State Board of Health Registration District No. 700 (For use of Local Registrar)	- 80374
(No. St. Ward)	(If child is not yet named, make supplemental report as directed)	
(1) Full Name of Child. <i>Marko L. Lovell</i>		
(1) SEX. <i>Male</i>	(2) Number in order of birth <small>in event of Twin or Triplets</small>	(3) SEX <i>Male</i>
(4) NAME <i>Hilbie Grace</i>	(5) AGE AT LAST BIRTHDAY <i>30</i>	(6) NAME <i>Alice M. Lovell</i>
(7) PRESENT RESIDENCE OF PARENT <i>Anderson, S.C.</i>	(8) PRESENT RESIDENCE OF MOTHER <i>Anderson, S.C.</i>	
(9) COLOR <i>Black</i>	(10) AGE AT LAST BIRTHDAY <i>30</i>	(11) COLOR <i>Black</i>
(12) BIRTHPLACE <i>Anderson, S.C.</i>	(13) BIRTHPLACE <i>Anderson, S.C.</i>	
(14) DESCRIPTION <i>Housewife</i>	(15) DESCRIPTION <i>Domestic</i>	
(16) Number of children born to mother, including present birth <i>1</i>	(17) Number of children of this mother now living, including present birth <i>2</i>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.		
(18) I hereby certify that I attended the birth of this child, who was... <i>Laura L. Thompson, M.D., P.M.</i> (Physician or Midwife) (Name A. M. or P. M.) on the date above stated.		
(19) (Signature) <i>Laura L. Thompson</i> (20) State whether Physician or Midwife <i>Midwife</i> (21) Address of Physician or Midwife <i>Anderson, S.C.</i>		
Given name added from a supplement report		
(22) Witness <i>L. H. Thompson</i> (Signature of Witness necessary only when question 20 is signed by her)		
(23) Date <i>Nov., 1st, 1933.</i> (24) Local Registrar <i>L. H. Thompson</i>		

*When there was no attending physician or midwife, then the father, householder, etc. should make this report.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths
before the 8th month of pregnancy.