

MAILED FOR RECORDING. THIS IS A PERMANENT RECORD. WRITE PLAINLY. WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. in question 1.

# (1) PLACE OF BIRTH

County of Reel  
 Township of Bishopville  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

Registration District No. 300

No. 41392

Registered No. 69  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St. .... Ward)

(2) Full Name of Child River James March  
 (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Male (4) TYPE OF BIRTH Normal (5) DATE OF BIRTH Dec 14 1923  
 (6) TIME OF BIRTH 11:30 (7) PLACE OF BIRTH Bishopville

FATHER.  
 (8) FULL NAME Rivers March  
 (9) PRESENT RESIDENCE OF FATHER Bishopville #2  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26  
 (12) BIRTHPLACE Reel Co  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 3

MOTHER.  
 (14) NAME BEFORE MARRIAGE Nazib Williams  
 (15) PRESENT RESIDENCE OF MOTHER Bishopville #2  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27  
 (18) BIRTHPLACE Reel Co  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
 (21) I hereby certify that I attended the birth of this child, who was .....  
 on the date above stated. (22) (Signature) Nellie DeLoe  
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Bishopville #4

Given name added from a supplementary report

(25) Witness .....  
 (Signature of Witness necessary only when question 24 is signed by mark)  
 (26) Date Dec 15 1923 (27) Registrar Wm. H. J. Loney

When there is a discrepancy between the report of the mother, householder, etc., should make this return. If a child is born stillborn, the report is desired of the physician. No report is desired of the householder.