

(1) PLACE OF BIRTH

County of Marion

Township of

Inc. Town of Madison

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 House of Representatives

No. 14.—For State Registrar Only

44006

Registration District No. 8712 Registered No. 53

(For use of Local Registrar)

(2) Full Name of Child

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

(a) SEX OF CHILD <u>Male</u>	(b) AGE OF CHILD <u>2 1/2</u>	(c) DATE OF BIRTH <u>1/23/27</u>	(d) TIME OF BIRTH <u>4:30</u>	(e) PLACE OF BIRTH <u>Home</u>
---------------------------------	----------------------------------	-------------------------------------	----------------------------------	-----------------------------------

FATHER

(1) FULL NAME John B. Russell(2) PRESENT RESIDENCE OF FATHER Rock Hill S.C.(3) COLOR W (4) AGE AT LAST BIRTHDAY 29(5) OCCUPATION Christyfield C. & P.(6) OCCUPATION Auto. Mechanic(7) Number of children born to mother, including present one 2

MOTHER

(1) FULL NAME Beth Jane Robinson(2) PRESENT RESIDENCE OF MOTHER Rock Hill S.C.(3) COLOR W (4) AGE AT LAST BIRTHDAY 24(5) OCCUPATION Rock Hill S.C.(6) OCCUPATION Home guide(7) Number of children of this mother now living, including present one 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Now alive or stillborn) (Now P. M. or F. M.)(2) (Signature) Frank L. Martin(3) State whether Physician or Midwife Physician(4) Address of Physician or Midwife Madison

Given name added from a supplemental report

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

(6) Filed 1/23/27 by W. H. H. H. H.

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.