

(1) PLACE OF BIRTH

County of Marion
 Township of Marion
 OF
 Inc. Town of Marion
 OF
 City of Marion

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18470

Registration District No. 3304 Registered No. 79
 (For use of Local Registrar)

City of Marion (No. 3304 St. 79 Ward 79)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL Boy 4) Date of Birth 3-10-23 5) Are Parents Married Yes
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 6) FULL NAME John Daugherty Barry
 7) PRESENT POST OFFICE OF FATHER Marion S.C.
 10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 36
 12) BIRTHPLACE S.C.

13) OCCUPATION Deputy Agent

20) Number of children born to mother, including present birth 2

MOTHER.
 14) NAME BEFORE MARRIAGE Elizabeth L. Lusk
 15) PRESENT POST OFFICE OF MOTHER Marion S.C.
 16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 24
 18) BIRTHPLACE S.C.

19) OCCUPATION —

21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born at 11 M., on the date above stated. (Born live or stillborn (Hour M. of P. M.))

(23) (Signature) J. A. Hargrave

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Blw S.C.

Given name added from a supplemental report

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

(27) Filed Mar 12 1923 (28) W. D. Lusk Local Registrar

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

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