

(1) PLACE OF BIRTH

County of Marion
 Township of Marion
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

Registration District No. H102

File No. - For State Registrar Only

30322

Registered No. 70
(For use of Local Registrar)(2) Full Name of Child William M. Cary

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

(3) Sex of Child Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Apr 29 23
 To be answered only in case of Twin or Triplet (Month of Birth) (Day) (Year)

FATHER William M. Cary MOTHER Becky M. Cary
 (8) FULL NAME (9) NAME BEFORE MARRIAGE

(10) PRESENT POSTOFFICE OF FATHER Marion, S.C. (11) PRESENT POSTOFFICE OF MOTHER Marion, S.C.

(12) COLOR OR RACE Col (13) AGE AT LAST BIRTHDAY 33 (14) COLOR OR RACE Col (15) AGE AT LAST BIRTHDAY 33
 (Year) (Year)

(16) BIRTHPLACE Marion, S.C. (17) BIRTHPLACE Marion, S.C.

(18) OCCUPATION Farmer (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 15 (21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive & stillborn at 10 9 A.M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Katy(24) State whether Physician or Midwife Physician(25) Signature of Physician or Midwife Katy

Given name added from a supplemental report

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

(27) Filed 16 19 23 (28) Local Registrar 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.