

(1) PLACE OF BIRTH

County of MarionTownship of MarionInc. Town of MarionCity of Marion

(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 Board of Health

Registration District No. 32A

File No. — For State Registrar Only

7755Registered No. 29
(For use of Local Registrar)(2) Full Name of Child James Battle

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Feb. 2, 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Harvey Battle(9) PRESENT POSTOFFICE OF FATHER Marion S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 43
(Years)(12) BIRTHPLACE Georgia(13) OCCUPATION Share v(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Lizzie James(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Laundress(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 alive at 6 P. M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)(23) (Signature) Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Marion 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 Feb. 19, 1923(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.

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