

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

7755

Registration District No. 32A Registered No. 29  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(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 Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 2, 1923  
(Name of Month) (Day) (Year)

FATHER (8) FULL NAME Wesley Battle (9) PRESENT POSTOFFICE OF FATHER Marion S.C. (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43 (12) BIRTHPLACE Georgia (13) OCCUPATION Laborer  
MOTHER (14) NAME BEFORE MARRIAGE Lizzie Jones (15) PRESENT POSTOFFICE OF MOTHER Marion S.C. (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 70 (18) BIRTHPLACE Charleston S.C. (19) OCCUPATION Domestic  
(20) Number of children born to mother, including present birth 2 (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 Marion S.C. 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report  
.....  
..... 19 ..  
Registrar

(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Feb 19, 1923 (28) [Signature] 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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Office of Registrar, Columbia, S. C.