

WHEN PLAINLY VISIBLE, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
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(1) PLACE OF BIRTH

County of Greenville
Township of Grove
or
Inc. Town of
or
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 Board of Health

File No.—For State Registrar Only

42755

Registration District No. 2210 Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 24, 1932
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>J. T. Marshall</u>	(14) NAME BEFORE MARRIAGE	<u>Nell Brown</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Piedmont-S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Piedmont-S.C.</u>
(10) COLOR OR RACE	<u>Colored</u>	(16) COLOR OR RACE	<u>Colored</u>
(11) AGE AT LAST BIRTHDAY	<u>18</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>16</u> (Years)
(12) BIRTHPLACE	<u>S.C.</u>	(18) BIRTHPLACE	<u>S.C.</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Domestic</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:45 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) S. D. Campbell (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont-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 Jan 8, 1933 (28) J. T. Slater 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.