

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Providence
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

1933

Registration District No. 4105 Registered No. 45
 (For use of Local Registrar)

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

(2) Full Name of Child Marion Council If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 26, 23</u> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert Council</u>			(14) NAME BEFORE MARRIAGE <u>Asilee Johnson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Dagrell S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dagrell S. C.</u>	
(10) COLOR OR RACE <u>Cauc</u>	(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)	(16) COLOR OR RACE <u>Cauc</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:25 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Grant (24) State whether Physician or Midwife (25) Address of Physn. or Midwife
Dagrell S. C.

Given name added from a supplemental report

(26) Witness no Eva Burkett (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 30, 23 (28) B. Raffield 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.