

## (1) PLACE OF BIRTH

County of Marion  
 Township of Peaslee  
 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

No. for State Registrar Only  
**44120**

Registration District No. 3765 Registered No. 124  
 (For use of Local Registrar)

(2) Full Name of Child Nathan Price

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

2. BOY OR GIRL <u>Girl</u>	3. Type or Triplet To be answered only in case of Twins or Triplets	4. Number in order of birth	5. Are <u>Single</u> or Married <u>Yes</u>	6. DATE OF BIRTH <u>Sept. 9</u> 19 <u>23</u> (Month of Birth) (Day) (Year)
FATHER.			MOTHER.	
7. FULL NAME <u>John Edward Price</u>			10. NAME BEFORE MARRIAGE <u>Core Rogers</u>	
8. PRESENT POSTOFFICE OF FATHER <u>Richards SC</u>			11. PRESENT POSTOFFICE OF MOTHER <u>Richards S.C.</u>	
10. COLOR OR RACE <u>W</u>			11. AGE AT LAST BIRTHDAY <u>65</u> (Years)	
12. BIRTHPLACE <u>Marion Co.</u>			13. BIRTHPLACE <u>Marion Co.</u>	
14. OCCUPATION <u>Farmer</u>			15. OCCUPATION <u>Domestic</u>	
20. Number of children born to mother, including present birth <u>2</u>			21. Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 24 M., on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.))

(23) (Signature) Frank C. Martin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianMullins SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/27/24(28) AM Schuffler(29) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make and 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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