

1. PLACE OF BIRTH

County of Pickens
 Township of Columbia
 or
 Inc. Town of Columbia
 or
 City of Columbia

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

FILE No.—For State Registrar Only

5035-9

Registration District No. _____ Registered No. _____

(For use of Local Registrar)

(No. 321 Pickens St 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

Doris Elmer Motley { If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL

4. Twin or Triplet

5. Number in order of birth

6. Are Parents Married?

DATE OF BIRTH

yes Feb 2 1929
 (Name of Month (Day) (Year))

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME

Chasland A. Motley

9. PRESENT POSTOFFICE OF FATHER

Columbia, S.C.

10. COLOR OR RACE

white

11. AGE AT LAST BIRTHDAY

34 (Years)

12. BIRTHPLACE

Marshall Co.

13. OCCUPATION

Broker (collecting)

20. Number of children born to mother, including present birth

{ 2

MOTHER

14. NAME BEFORE MARRIAGE

Lisie Graham

15. PRESENT POSTOFFICE OF MOTHER

Same

16. COLOR OR RACE

white

17. AGE AT LAST BIRTHDAY

29 (Years)

18. BIRTHPLACE

Clarendon Co.

19. OCCUPATION

Domestic

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 (Moon),
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

W. A. Nelson, M.D.

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26. _____

(Signature of Witness necessary only when notation 23 is signed by mark)

27. Filed

192928. 2

Local Registrar

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.