

## (1) PLACE OF BIRTH

County of EdgefieldTownship of Wass

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only  
**24296**Registration District No. 18.13 Registered No. 2.3  
(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 Martha Marshall 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 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Aug 31 1933  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Laurance Marshall(9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
(Year)(12) BIRTHPLACE Edgefield(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8

## MOTHER.

(15) NAME BEFORE MARRIAGE Gracie Barnes(16) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 35  
(Year)(19) BIRTHPLACE Edgefield(20) OCCUPATION Farm help(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7.9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ella Rhoney(24) State whether Physician or Midwife (25) Address of Physician or Midwife Edgefield, 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 7.11.1933 (28) Ella Rhoney 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.