

## (1) PLACE OF BIRTH

County of Union

Township of .....

or

Inc. Town of Knosau

or

(City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30450

Registration District No. 4207 Registered No. 891

(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 John Roy Marsh (If child is not yet named, make supplemental report as directed)

(3) SEX <u>Male</u>	(4) Type or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1st</u>	(6) Age Parent Married <u>per</u>	(7) DATE OF BIRTH <u>11-10-28</u> (Name of Month) (Day) (Year)
------------------------	---	---	--	---

FATHER.		MOTHER.	
(8) FULL NAME <u>Mr. Gary Marsh</u>	(14) NAME BEFORE MARRIAGE <u>Miss Mary Johns.</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Union SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Union SC</u>
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Year)	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)
(12) BIRTHPLACE <u>Kershaw Co. SC</u>	(18) BIRTHPLACE <u>Union SC</u>	(13) OCCUPATION <u>Mill operating</u>	(19) 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 (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician Address of Physician or Midwife(Given name added from a supplement-  
tal report)(25) Witness (Signature of Witness necessary only  
when question 23 is signed by Mark)(26) Filed 10-10-28 (27) [Signature]  
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.