

5. If child is born to a woman who has had a previous child, mark the date of birth of each child, and mark the date of birth of the child, in question 5.

(1) PLACE OF BIRTH

County of Dickens
 Township of Harrison
 or
 Inc. Town of
 or
 City of

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

Registration District No.

File No. — For State Registrar Only

8841

Registered No. 29
 (For use of Local Registrar)

(2) Full Name of Child

Gibson Marsh

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?

(7) DATE OF BIRTH

Mar 6 1922

FATHER.

(8) FULL NAME

Frank Marsh

(9) PRESENT POSTOFFICE OF FATHER

Central S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Eula Willman

(15) PRESENT POSTOFFICE OF MOTHER

Central S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

35

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(Born alive or stillborn) at 5 P. M. (Hour A. M. or P. M.)

(23) (Signature) J. E. Dick

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Registrar

(28) 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.

Registrar

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