

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

12139

in town of Worshuff Registration District No. 4089 Registered No. 41
(For use of Local Registrar)
City of Worshuff (No. 41 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Full Name of Child Vera Elizabeth Marlow If child is not yet named, make supplemental report as directed

(1) Sex of Child Girl (2) Twin or Triplet? X (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE BIRTH Apr 3 23
(Name of Month) (Day) (Year)

FATHER
Full Name J. J. Marlow
Present Postoffice of Father Switzer SC
Color or Race White (11) AGE AT LAST BIRTHDAY 58 (Years)
Birthplace SC
Occupation Farmer
(10) Number of children born to father, including present birth 6

MOTHER
(14) NAME BEFORE MARRIAGE Lillian Woodley
(15) PRESENT POSTOFFICE OF MOTHER Switzer SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 (Hour A. M. or P. M.)
(Born alive or stillborn) on the date above stated.

(22) (Signature) E. J. Woodman
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Worshuff SC

Was name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed "mark")

(27) File April 11 23 (28) Chas. L. Boyter Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.