

## (1) PLACE OF BIRTH

County of Maun

Township of .....

or  
Inc. Town of .....City of Marion

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 32A

File No.—For State Registrar Only

43603

Registered No. 125

(For use of Local Registrar)

(2) Full Name of Child Billy Blue

(If child is not yet named, make supplemental report as directed.)

(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

March 11, 1922  
(Month) (Day) (Year)

## FATHER

(8) FULL NAME Henry Blue(9) PRESENT POSTOFFICE OF FATHER Norfolk, Va.(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE Norfolk, Va.(13) OCCUPATION Laundry work(20) Number of children born to mother, including present birth One

## MOTHER

(14) NAME BEFORE MARRIAGE Archie Lipson(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE Marion S.C.(19) OCCUPATION House maid(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Josephine B. B. B.(24) (Address of Physician or Midwife) Marion S.C.

(25) Address of Physician or Midwife

Given name added from a supplemental report

Witness

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

Date March 10, 1923

(26)

Local Registrar

\*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it is a live birth. No report is desired of stillbirths.

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