(1) PLACE OF BIRTH

County of Georgetown

Township of # 5

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
26131

Registration District No. 2104. Registered No. 55
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(2) Full Name of Child Martha Vandross {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug 10, 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Bossy Vandross	(14) NAME BEFORE MARRIAGE	Susan Marsh
(9) PRESENT POSTOFFICE OF FATHER	Plantersville SC	(15) PRESENT POSTOFFICE OF MOTHER	Plantersville S.C.
(10) COLOR OR RACE	Black	(16) COLOR OR RACE	Black
(11) AGE AT LAST BIRTHDAY (Years)	33	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	Georgetown Co # 5	(18) BIRTHPLACE	Georgetown Co # 5
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	6	(21) Number of children of this mother now living, including present birth	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bossy Vandross

(24) State whether Physician or Midwife: Father

(25) Address of Physician or Midwife: Plantersville S.C.

Given name added from a supplemental report

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..... 19 ....
Registrar

(26) Witness Maud Hance
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 20 1922 (28) G. E. [illegible]
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.

McCAW OF COLUMBIA, COLUMBIA, S. C.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.