

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Charleston  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston

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

File No.—For State Registrar Only  
3455

Registration District No. 9A Registered No. 305  
 (For use of Local Registrar)  
 (No. 37 So-Alexander 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 Nancy Marion

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

(3) BOY OR GIRL G (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 5 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Marion  
 (9) PRESENT POSTOFFICE OF FATHER 37 So-Alexander  
 (10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE Charleston  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Maxwell  
 (15) PRESENT POSTOFFICE OF MOTHER 37 So-Alexander  
 (16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Charleston  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Lara Olive at 8:30 p.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Chinner  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 52 Calhoun

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 7/7 1922 (28) J. Marion Green Jr. 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.

IF A CHILD DIES BEFORE BIRTH, IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.