

(1) PLACE OF BIRTH

County of EukinTownship of Greggor
Inc. Town ofor
City of

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

(2) Full Name of Child Marion Hatcher

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

3) BOY OR GIRL?

m

(4) Twin or Triplet?

Twin

(5) Number in order of birth

1

(6) Are Parents Married?

Y

(7) DATE OF

BIRTH Aug 13 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

C. F. Hatcher

(9) PRESENT POSTOFFICE OF FATHER

head

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

34
(Years)

(12) BIRTHPLACE

Eukin or

(13) OCCUPATION

farm

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Ray

(15) PRESENT POSTOFFICE OF MOTHER

Granville S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Eukin or

(19) OCCUPATION

House Wif

(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 ... Alu ... at ... 1:35 P.M. ...
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. A. Marshall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Granville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 20 22 W. H. T. Tull Res. Med.19 ...
Registrar

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.

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