

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of Red Bluff

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3305

File No.—For State Registrar Only

18500

Registered No. 93
(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 Mary Artemus Marsh If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 30, 1923</u> (Month of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Jeter Marsh(9) PRESENT POSTOFFICE OF FATHER Latum S C(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Year)(12) BIRTHPLACE Marion Co S C(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Nissen(15) PRESENT POSTOFFICE OF MOTHER Latum S C(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Year)(18) BIRTHPLACE Hartsville S C(19) OCCUPATION Domestic(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 12:05 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Douglas Hanner(24) State Physician or Midwife (25) Address of Physician or Midwife M. C. Case 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 July 2, 1923 (28) J. H. Weathers 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.