

## (1) PLACE OF BIRTH

County of MarshallTownship of Barnettor  
Inc. Town of.....or  
City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2301File No.—For State Registrar Only  
31289Registered No. 126  
(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 Louise Nathan If child is not yet named, make supplemental report as directed

1) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet? <u>1</u> To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>9/26/32</u> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME Clarence Samuel Nathan9) PRESENT POSTOFFICE OF FATHER Barnett10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)12) BIRTHPLACE Marshall County13) OCCUPATION Local Distributor20) Number of children born to mother, including present birth 3

## MOTHER.

14) NAME BEFORE MARRIAGE Lucile Dupre15) PRESENT POSTOFFICE OF MOTHER Barnett16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)18) BIRTHPLACE Marshall County19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Marshall at 12:40 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)(23) (Signature) J. H. Timmer(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Barnett

Given name added from a supplemental report

(26) Witness M. J. Tate  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 10 1932 (28) M. J. Tate  
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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