

(1) PLACE OF BIRTH

County of Marlboro
Township of A. Donnell
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
43694

Registration District No. 3300 Registered No. lee
(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

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 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 6, 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Albert B. Stanton

(14) NAME BEFORE MARRIAGE Lilly Odum

(9) PRESENT POSTOFFICE OF FATHER R. 4 Beckettville S.C.

(15) PRESENT POSTOFFICE OF MOTHER Beckettville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Year)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39
(Year)

(12) BIRTHPLACE Marlboro Co. S.C.

(18) BIRTHPLACE Marlboro Co. S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION H.W.

(20) Number of children born to mother, including present birth 6

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Promoted at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Shoob Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Beckettville S.C.

Given name added from a supplemental report

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

(27) Filed Dec 30, 1922 (28) A. L. Newton 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. REGISTRY OF COLORADO, COLUMBIA, S. C.