

(1) PLACE OF BIRTH

County of Calhoun

Township of Calw. Calw.

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

48254

(2) Full Name of Child Lucine Surgick { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 27, 1916 (For use of Local Registrar)

FATHER.

(2) FULL NAME Melody Surgick

(9) PRESENT POSTOFFICE OF FATHER Not Stated

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE St. C.

(13) OCCUPATION Householder

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

MOTHER.

(14) NAME BEFORE MARRIAGE Annie King Coker

(15) PRESENT POSTOFFICE OF MOTHER Not Stated

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE St. C.

(19) OCCUPATION Householder wif

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Stellie K. Myers

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness S. V. Murphy (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 7, 1916 (28) S. H. Murphy 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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