

MARGIN RESERVED FOR BINDING.

WR  
N. B.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia.  
McCaw.

## (1) PLACE OF BIRTH

County of

*Durley*

Township of

*St. Stephens parish*

Inc. Town of

City of

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

Registration District No.

*206*

Registered No.

*9*

(For use of Local Registrar)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48226

## (2) Full Name of Child

*John Gerail Shurlknight*

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

(3) BOY OR GIRL?

*Boy*

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

*Feb 13 1894*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*John Shurlknight*

(9) PRESENT POSTOFFICE OF FATHER

*St. Stephens S.C.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*36*

(Years)

(12) BIRTHPLACE

*St. Stephens S.C.*

(13) OCCUPATION

*Farming*

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

*Four*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Ada Wilson*

(15) PRESENT POSTOFFICE OF MOTHER

*St. Stephens S.C.*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*31*

(Years)

(18) BIRTHPLACE

*St. Stephens S.C.*

(19) OCCUPATION

*Keeping house*

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

*4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *1:30* P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

*A. Living Child*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife J. M. Maultry*

(26) Witness

*John Shurlknight*

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

(27) Filed

*Feb 15 1894*

(28)

*J. J. Lundy*

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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