

Form No. 3

## (1) PLACE OF BIRTH

County of Haring. Co.  
 Township of Durham  
 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

29869

Registration District No. 1504Registered No. ....  
(For use of Local Registrar)

City of ..... (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 Case Durant { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 29, 1922  
 To be answered only in event of Twins or Triplets (Name / Month / Day / Year)

## FATHER.

(8) FULL NAME Pory Durant(9) PRESENT POSTOFFICE OF FATHER Lanham(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Gladys White(15) PRESENT POSTOFFICE OF MOTHER Lanham(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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 alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour in M. or P. M.)

(23) (Signature) Hannah Mashack(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lanham

Given name added from a supplemental report

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

(27) Filed Sept 30 1922 (28) R. J. Chaplin 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.