

(1) PLACE OF BIRTH
County of Lancaster
Township of Lancaster

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Register Only
30992

or
Inc. Town of Registration District No. 2901 Registered No. 107
or
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 Hylda Gurnan Birth If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet <u>2</u>	(5) Number in order of birth <u>1st among my 2 living children</u>	(6) Age of Parents <u>24</u> Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 29</u> <u>22</u> (Name of Month) (Day) (Year)
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FATHER Wells Gurnan

(8) FULL NAME Wells Gurnan
(9) PRESENT POSTOFFICE Wells Mill

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Lancaster Co

(13) OCCUPATION Mrs. Gurnan

(14) Number of children born to mother, including present birth 5

MOTHER Hylda Gurnan

(15) PRESENT POSTOFFICE OF MOTHER Wells Mill

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Egyptian Co

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. (Born alive or stillborn) (Hour) A.M. or P.M.

(23) (Signature) Russell Walker (24) Indicate whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept. 1, 1941 Local Registrar (28) John D. Walker

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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