

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

89164

Registration District No. 1302 Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child. Harry David

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 20 1911

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Murren David

(9) PRESENT POSTOFFICE OF FATHER Silver S.C.

(10) COLOR OR RACE Wm (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Denmark

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emily Rayner

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

(16) COLOR OR RACE Wm (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Denmark

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Mm at 9 O'Clock A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. J. C. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

1911

Registrar

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

(27) Filed Nov 22 1911 (28) P. E. Broadway 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.