

MAINTAINED FOR BINDING.
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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lancaster</u>		STATE OF SOUTH CAROLINA		35123	
Township of <u>Cane Creek</u>		Bureau of Vital Statistics			
OR		State Board of Health			
Inc. Town of		Registration District No. <u>2801</u>		Registered No. <u>43</u>	
OR				(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					
(If child is not yet named, make supplemental report as directed)					
(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet? <u>V</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 24 22</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>John F. Shurt</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Hunter</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster SC</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Kershner NY SC</u>			(18) BIRTHPLACE <u>Kershner NY SC</u>		
(13) OCCUPATION <u>Drill Mill</u>			(19) OCCUPATION <u>Ironing</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. H. Deffen</u>					
(24) State whether Physician or Midwife <u>MD</u>					
(25) Address of Physician or Midwife <u>Lancaster SC</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by man) <u>W. H. Deffen</u>					
(27) File <u>2801-22</u> (28) Local Registrar <u>W. H. Deffen</u>					
*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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