

(1) PLACE OF BIRTH

County of Shreve

Township of

or

Inc. TOWN of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 20-A

File No. — For State Registrar Only

34339

Registered No. 326
(For use of Local Registrar)

(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) BOY OR GIRL boy(4) Twin or Triplet? No(5) Number in order of birth 1st
To be answered only in case of Twin or Triplet(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct 6, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ezra Gurley(9) PRESENT POSTOFFICE OF FATHER Shreve(10) COLOR OR RACE wh(11) AGE AT LAST BIRTHDAY 23
(Year)(12) BIRTHPLACE S. C.(13) OCCUPATION Salesman(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Maggie Sunday(15) PRESENT POSTOFFICE OF MOTHER Shreve(16) COLOR OR RACE wh(17) AGE AT LAST BIRTHDAY 21
(Year)(18) BIRTHPLACE S. C.(19) OCCUPATION Domestic(21) 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 10 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Wilson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Shreve

Given name added from a supplemental report

(26) Witness

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

(27) Date 10-10-22 P. H. Bridgman Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.