

(1) PLACE OF BIRTH

County DixonsTownship of Hurricane

Inc. Town of

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

Registration District No. 3704

No. for State Registrar Only

4959

Registered No. 11...

(For use of Local Registrar)

(2) Full Name of Child Harold Pussley

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 4, 1923</u> (Month) (Day) (Year)
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FATHER

(8) FULL NAME Clyde Pussley(9) PRESENT POSTOFFICE OF FATHER Central S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Maggie Alexander(15) PRESENT POSTOFFICE OF MOTHER Central S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Dr. J. L. Smith

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed Mar 9, 1923 (27) J. L. Smith 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.

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