

## (1) PLACE OF BIRTH

County of LexingtonTownship of Beulahor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43466

Registration District No. 3102 Registered No. 179  
(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 John Furlick Jr. If child is not yet named, make supplemental report as directed3) BOY OR GIRL Boy 4) Twin or Triplet? X 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Nov 26 1922  
(Name of Month) (Day) (Year)FATHER  
(8) FULL NAME John Furlick9) PRESENT POSTOFFICE OF FATHER Swansea(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Lexington Co., S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1MOTHER  
(14) NAME BEFORE MARRIAGE Victoria Jumper(15) PRESENT POSTOFFICE OF MOTHER No 9(16) COLOR OR RACE W 10 (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Lexington Co., S.C.(19) OCCUPATION Housework(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 born alive at 6:09 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) L.C. Brooker(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Swansea

Given name added from a supplemental report

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

(27) Filed Dec 16 1922 (28) J.N. Jumper 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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MARGIN: "REMARKS" FOR THE ATTENDING PHYSICIAN OR MIDWIFE. WITH UNFOLDING, INKING, AND FILING, THE MARGINS OF THIS FORM SHOULD BE KEPT OPEN. IN CASE OF TWIN OR TRIPLE BIRTH, THE MARGINS SHOULD BE KEPT OPEN FOR EACH CHILD. IN QUESTION 2, "IF BIRTH OCCURS IN A HOSPITAL OR OTHER INSTITUTION, GIVE NAME OF SAME INSTEAD OF STREET AND NUMBER." IN QUESTION 3, "BOY OR GIRL," IF THE CHILD IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH CHILD. IN QUESTION 4, "TWIN OR TRIPLE?" IF THE CHILD IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH CHILD. IN QUESTION 5, "NUMBER IN ORDER OF BIRTH," IF THE CHILD IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH CHILD. IN QUESTION 6, "ARE PARENTS MARRIED?" IF THE PARENTS ARE MARRIED, THE MARGINS SHOULD BE KEPT OPEN FOR EACH PARENT. IN QUESTION 7, "DATE OF BIRTH," IF THE CHILD IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH CHILD. IN QUESTION 8, "FULL NAME OF FATHER," IF THE FATHER IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH FATHER. IN QUESTION 9, "PRESENT POSTOFFICE OF FATHER," IF THE FATHER IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH FATHER. IN QUESTION 10, "COLOR OR RACE," IF THE CHILD IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH CHILD. IN QUESTION 11, "AGE AT LAST BIRTHDAY," IF THE CHILD IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH CHILD. IN QUESTION 12, "BIRTHPLACE," IF THE CHILD IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH CHILD. IN QUESTION 13, "OCCUPATION," IF THE CHILD IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH CHILD. IN QUESTION 20, "NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH," IF THE MOTHER IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH MOTHER. IN QUESTION 21, "NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH," IF THE MOTHER IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH MOTHER. IN QUESTION 23, "(SIGNATURE)," IF THE PHYSICIAN OR MIDWIFE IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH PHYSICIAN OR MIDWIFE. IN QUESTION 24, "STATE WHETHER PHYSICIAN OR MIDWIFE," IF THE PHYSICIAN OR MIDWIFE IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH PHYSICIAN OR MIDWIFE. IN QUESTION 25, "ADDRESS OF PHYSICIAN OR MIDWIFE," IF THE PHYSICIAN OR MIDWIFE IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH PHYSICIAN OR MIDWIFE. IN QUESTION 26, "WITNESS," IF THE WITNESS IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH WITNESS. IN QUESTION 27, "FILED," IF THE CHILD IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH CHILD. IN QUESTION 28, "LOCAL REGISTRAR," IF THE LOCAL REGISTRAR IS A TWIN OR TRIPLE, THE MARGINS SHOULD BE KEPT OPEN FOR EACH LOCAL REGISTRAR.