

Form No. 1

(1) PLACE OF BIRTH

County of WataugaTownship of Prescottor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30229

Registration District No. 4006Registered No. 116
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lodie Purry If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u> 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>9-28-23</u> (Name of Month) (Day) (Year)
----------------------------	----------------------------------------------------------------------------------	-----------------------------	------------------------------------	-----------------------------------------------------------------

FATHER		MOTHER	
8) FULL NAME <u>J. A. Purry</u>	10) COLOR OR RACE <u>Col.</u>	14) NAME BEFORE MARRIAGE <u>Julia Rudegras</u>	16) COLOR OR RACE <u>Col.</u>
9) PRESENT POSTOFFICE OF FATHER <u>Trough, S.C.</u>	11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	15) PRESENT POSTOFFICE OF MOTHER <u>Trough, S.C.</u>	17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
12) BIRTHPLACE <u>S.C.</u>		18) BIRTHPLACE <u>S.C.</u>	
13) OCCUPATION <u>Rock-Mason</u>		19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>8</u>		21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Date A. M. or P. M.)(23) (Signature) W. L. Kirtz(24) State whether Physician or Midwife(25) Address of Physician or Midwife Palmetto, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct. 10, 1923(28) Brown
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.