

## (1) PLACE OF BIRTH

County of PickensTownship of CentralOR  
Inc. Town of .....OR  
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. 370No. 29780 - For State Register Only

29780

Registered No. 160  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Malcolm Lurrie

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

(3) BOY OR GIRL <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>Sept. 27, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Wm. Harrison Lurrie(9) PRESENT POSTOFFICE OF FATHER Central S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Druggist(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucie Pressley(15) PRESENT POSTOFFICE OF MOTHER Central S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housekeeper(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 10:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. H. Pearson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Central 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 Sept 27, 1923 (28) L. H. Pearson 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 stillborns before the fifth month of pregnancy.