

## (1) PLACE OF BIRTH

County of Pickens  
 Township of Central  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 10.—For State Register Use

20701

Registration District No. 3902 Registered No. 171  
 (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 Miss Virginia Durham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet ☒ (5) Number in order of birth ☒ (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 6, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Quas Durham  
 (9) PRESENT POSTOFFICE OF FATHER Central Route 2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Betha Stencil  
 (15) PRESENT POSTOFFICE OF MOTHER Central Route 2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION H. wife

(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 11 A.M. on the date above stated. (Sign alive or stillborn Hour M. or P. M.)

(23) (Signature) J. L. Webb

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) sep 20 23 (28) J. L. Webb Local Registrar

\*When there was no attending physician or midwife, then the father, householders, 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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