CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18643

Registration District No. 2011 Registered No. 21
(For use of Local Registrar)

(1) PLACE OF BIRTH
County of Florence
Township of W. C. Milliam
or
Inc. Town of .....
or
City of .....
(No. Natalie Purvis ..... 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 Natalie Purvis — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			yes	May 31 1922

FATHER.

(8) FULL NAME Heywood McPurvis
(9) PRESENT POSTOFFICE OF FATHER Effingham
(10) COLOR OR RACE white
(11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Florence G. [illegible]field
(15) PRESENT POSTOFFICE OF MOTHER Effingham S.C.
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr W. H. Poston
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Pamplico SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 6/5 1922 (28) W. H. Mann
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.

WHITE PLAINS, WHITE & SPARROW INC.—FORM 10 A PERMANENT RECORD
NATIONAL REGISTRATION BLANKS FOR BIRTH, DEATH AND MARRIAGE
McCAW OF COLUMBIA, COLUMBIA, S. C.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and number the FIRST-BORN, No. 1 THIRD, No. 2, etc., in question 5.