

(1) PLACE OF BIRTH

County of LancasterTownship of Cane Creekor
Inc. Town ofor
City of

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

(2) Full Name of Child

Samuel Starus

File No.—For State Registrar Only

19151

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2801Registered No. 23...

(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR

GIRL

(4) Twin

or Triplet

(5) Number in

order of birth

(6) Are

Parents

(7) DATE OF

BIRTH

June 15, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Starus(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C. R#4(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36..... (Years)(12) BIRTHPLACE Union Co., N.C.(13) OCCUPATION miner.

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

17

MOTHER.

(14) NAME BEFORE MARRIAGE May Scripps(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C. R#4(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31..... (Years)(18) BIRTHPLACE Lancaster County(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth

17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 10...M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. H. Eggleston

(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) Filed June 15, 1922 (28) W. H. Daffie 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.