

## (1) PLACE OF BIRTH

County of Livingston  
 Township of Chickadee  
 OF  
 Inc. Town of Bethesda  
 OF  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4487

Registration District No. 31-ARegistered No. 16  
(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 Jessie Edward Durt If child is not yet named, make supplemental report as directed

1) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? _____ To be answered only in case of Twin or Triplet	5) Number in order of birth _____	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Feb. 22, 1923</u> Name of Month Day Year
FATHER.			MOTHER.	
8) FULL NAME <u>Lawrence Durt</u>	14) NAME BEFORE MARRIAGE <u>Glady's Reel</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Bethesda 3-5</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Bethesda S.C.</u>			
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>23</u> Years	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>20</u> Years	
12) BIRTHPLACE <u>Bethesda S.C.</u>	18) BIRTHPLACE <u>Wichita Kan</u>			
13) OCCUPATION <u>Mill. Machine</u>	19) OCCUPATION <u>House wife</u>			
20) Number of children born to mother, including present birth <u>2</u>	21) Number of children of the mother now living, including present birth <u>2</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3:20 P.M.  
 on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) W. J. Libron(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife BethesdaGiven name called upon at birth Jessie Edward

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

Jan 4, 1923Jan 4, 1923(26) S. J. Altman  
Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return.  
 If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths  
 which occur within the month of pregnancy.

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