

1) PLACE OF BIRTH

County of ... Union ...
 Township of ... Panama ...
 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

No. 1a.—For State Registrar Only
8754

Registration District No. 4203 Registered No. 19
 (For use of Local Registrar)

2) Full Name of Child Arroy Louis Surrin

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

3) SEX BOY OR GIRL	4) Type of Birth To be answered only in case of Twins or Triplets	5) Number by order of birth	6) Sex of Father	7) DATE OF BIRTH (Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>James Earl Surrin</u>			10) NAME BEFORE MARRIAGE <u>Ada Susan Surrin</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Laurel S.C.</u>			11) PRESENT POSTOFFICE OF MOTHER <u>Lockhart S.C.</u>	
12) COLOR OR RACE <u>White</u>			13) AGE AT LAST BIRTHDAY <u>23</u>	
14) BIRTHPLACE <u>S.C.</u>			15) BIRTHPLACE <u>S.C.</u>	
16) OCCUPATION <u>Teacher</u>			17) OCCUPATION <u>Domestic</u>	
18) Number of children born to mother, including present birth <u>4</u>			19) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) V. D. [Signature]
 (24) State whether Physician or Midwife
 (26) Address of Physician or Midwife
Lockhart S.C.

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed April 9, 1923 (29) Local Registrar
W. L. [Signature]

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.
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