

THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH County of <u>Edgefield</u>		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 52057	
Township of		Inc. Town of <u>Johnston</u>		Registration District No. Registered No. (For use of Local Registrar)	
City of		(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 <u>Mary Dozier Durest</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 10 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Reuben Durest</u>			(14) NAME BEFORE MARRIAGE <u>Eva Schultz</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Johnston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Johnston S.C.</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>77</u> (Years)		
(12) BIRTHPLACE <u>Johnston S.C.</u>			(18) BIRTHPLACE <u>Johnston S.C.</u>		
(13) OCCUPATION <u>Meat Market Man</u>			(19) OCCUPATION <u>Home wife</u>		
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>C. P. Combs, M.D.</u>					
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Johnston S.C.</u>					
Given name added from a supplemental report <u>See affidavit</u> <u>3/21/16</u> Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>J. A. Ball</u> Local Registrar		
(27) Filed <u>Feb 15 1916</u>			(28) <u>J. A. Ball</u> 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.

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