

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of Shartanburg.....

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

(2) Full Name of Child Mary Elizabeth Shurtanburg

File No. - For State Registrar Only

33803

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40.....Registered No. 442.....

(For use of Local Registrar)

(No. 102 Shartanburg.....)St. 3.....

Ward.....

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?

yes

(7) DATE OF BIRTH

Sept 28 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William F. Shurtanburg

(9) PRESENT POSTOFFICE OF FATHER

Shartanburg

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

41

(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Plant Supt. - Telephone Co

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

4

MOTHER.

(15) NAME BEFORE MARRIAGE

Paul T. McCarrie

(16) PRESENT POSTOFFICE OF MOTHER

Shartanburg

(17) COLOR OR RACE

white

(18) AGE AT LAST BIRTHDAY

38

(Year)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

House

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was..... at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. N. Boyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Shartanburg S.C.

(26) Give name added from a supplemental report

(27) Witness

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

(28) Filed

11-1-1923

(29)

Jas. Cobles

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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