

(1) PLACE OF BIRTH

County of Edgefield

Township of Cherokee

OR Inc. Town of

CITY OF

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17511

Registration District No. 1.S.E.8. Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child Robert May Hurling

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

(1) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? 1/2 (7) DATE OF BIRTH 6/19/23
(Name of Month (Day) (Year))

FATHER.
(8) FULL NAME Robert May Hurling
(9) PRESENT POSTOFFICE OF FATHER Pleasant Grove
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Edgefield Co. S.C.
(13) OCCUPATION Teamster
(14) Number of children born to mother, including present birth 2

MOTHER.
(15) NAME BEFORE MARRIAGE Nattie Haveland
(16) PRESENT POSTOFFICE OF MOTHER Pleasant Grove
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 27 (Years)
(19) BIRTHPLACE Edgefield Co.
(20) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Edgefield M., S.C. (born alive or stillborn) (Hour / M. or P. M.)
on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Edgefield S.C.

Given name added from a supplemental report
..... 101.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 1/15/23 (28) [Signature] 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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