

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens
Township of Pickens
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
36119

Registration District No. 3706 Registered No. 114
(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 19 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Courtney M. Durhan

(14) NAME BEFORE MARRIAGE Bessie Baguall

(9) PRESENT POSTOFFICE OF FATHER Pickens, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Pickens, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Pickens Co

(18) BIRTHPLACE Anderson Co., S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of 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 Born alive at 455A on the date above stated. (Born alive, stillborn, Head, M. or P.)

(23) (Signature) H. H. Hallgren (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pickens, S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) D. J. Foster 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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