

Form No. 1

(1) PLACE OF BIRTH

County of Miller
 Township of Harleeville
 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
42081

Registration District No. 1602 Registered No. 141
 (For use of Local Registrar)

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

(2) Full Name of Child John Willie Lurnage

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 19 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Noon Lurnage
 (9) PRESENT POSTOFFICE OF FATHER Minturn, S.C.
 (10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 26
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy McRae
 (15) PRESENT POSTOFFICE OF MOTHER Minturn, S.C.
 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 19
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 a on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mozella McRae
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little Rock St.

Given name added from a supplemental report

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

(27) Filed Jan 1 1923 (28) B. J. Hardy 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.

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.