

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRSTBORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of
 Township of
 OR
 Inc. Town of
 OR
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. — For State Register Only
41185

Registration District No. **9A**
 Registered No. **1820**
 (For use of Local Registrar)
 (No. **151 King** 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? To be answered only in case of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? yes | (7) DATE OF BIRTH Sept 25, 1912 (Name of Month) (Day) (Year) |
|-------------------------------|--|------------------------------|--|---|

FATHER.

(8) FULL NAME **G. B. Hurt**

(9) PRESENT POSTOFFICE OF FATHER **City**

(10) COLOR OR RACE **White**

(11) AGE AT LAST BIRTHDAY **36**
(Years)

(12) BIRTHPLACE **Va**

(13) OCCUPATION **Butcher**

(20) Number of children born to mother, including present birth **3**

MOTHER.

(14) NAME BEFORE MARRIAGE **Jessie M. Rank**

(15) PRESENT POSTOFFICE OF MOTHER **City**

(16) COLOR OR RACE **White**

(17) AGE AT LAST BIRTHDAY **34**
(Years)

(18) BIRTHPLACE **Ill.**

(19) OCCUPATION **House**

(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 alive** **9:30 AM**, on the date above stated. (Was **born alive** stillborn) (How **M** or **P** M.)

(23) (Signature) **J. D. Rank**
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife **City**

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) 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 eighth month of pregnancy.