

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Beaufort</u>		STATE OF SOUTH CAROLINA		86811	
Township of <u>Wilmington</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>3505</u>		Registered No. <u>176</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)			
(2) Full Name of Child <u>Aline Eva Hurpin</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>10</u> <u>28</u> <u>1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Van Hurpin</u>			(14) NAME BEFORE MARRIAGE <u>May Lagoria</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wilmington</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wilmington</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>35</u>			(17) AGE AT LAST BIRTHDAY <u>35</u>		
(12) BIRTHPLACE <u>Kalamazoo</u>			(18) BIRTHPLACE <u>Beaufort</u>		
(13) OCCUPATION <u>Housewife</u>			(19) OCCUPATION <u>Housekeeper</u>		
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>8</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>12</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sallie Stansel</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Wilmington, S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>[Signature]</u> (Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>1916</u> Registrar			(27) Filed <u>11-15</u> 19 <u>16</u> (28) <u>[Signature]</u> 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.