

(1) PLACE OF BIRTH

County of Dillon
 Township of Thirteen
 or Inc. Town of Little Rock
 or City of _____

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

Registration District No. 1602

File No. — For State Registrar Only

17400Registered No. 63
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lanue Nera Surr If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet _____ (5) Number in order of birth _____ (6) Are Parents Married yes (7) DATE OF BIRTH June 6th 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rufus Surr
 (9) PRESENT POSTOFFICE OF FATHER Little Rock SC
 (10) COLOR OR RACE White or Indian (11) AGE AT LAST BIRTHDAY 33
 (12) BIRTHPLACE SC

(13) OCCUPATION

Lumber 20 yds(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Ledie Maynor
 (16) PRESENT POSTOFFICE OF MOTHER Little Rock S.C.
 (17) COLOR OR RACE White or Indian (18) AGE AT LAST BIRTHDAY 17
 (19) BIRTHPLACE SC

(20) OCCUPATION

Housewife(21) Number of children of this 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 alive at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Thirteen SC

Given name added from a supplemental report

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

(27) Filed June 7th 23

(28)

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.

F I L M