

(1) PLACE OF BIRTH

County of

Chester

Township of

Lewisville

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1106

File No. - For State Registrar Only

3638

Registered No. 24

(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

Nellie Agurs

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 event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb. 18, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Morgan Agurs

(9) PRESENT POSTOFFICE OF FATHER

Richburg S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

2-1
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Laborer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Laurie McElenathan

(15) PRESENT POSTOFFICE OF MOTHER

Richburg S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

2-2
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(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 Alive 6 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Emmie Wood

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife J. B. Rodman S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

2/22/22

(28)

J. B. Rodman

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.