

PLACE OF BIRTH

County of Durham  
 Township of Cornwall  
 or Town of Cornwall  
 or City of Durham

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

No. 12160 For State Registrar

Registration District No. .... Registered No. ....  
 (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.)

Full Name of Child Elizabeth Lucia Bergum (If child is not yet named, make supplemental report as directed)

SEX OF CHILD girl (1) DATE OF BIRTH Feb 23 1922  
 (2) Are Parents Married yes

**FATHER.**

(3) FULL NAME William Bergum  
 (4) PRESENT POSTOFFICE OF FATHER Durham S.C.  
 (5) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 39  
 (6) BIRTHPLACE Williamburg  
 (7) OCCUPATION farming

**MOTHER.**

(8) NAME BEFORE MARRIAGE Anna Bergum  
 (9) PRESENT POSTOFFICE OF MOTHER Durham S.C.  
 (10) COLOR OR RACE Caucasian (12) AGE AT LAST BIRTHDAY 38  
 (13) BIRTHPLACE Laurens Co.  
 (14) OCCUPATION farming  
 (15) Number of children of this mother now living, including present birth 10 of 11

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was ... at 7 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) a line (24) Address of Physician or Midwife Halsens Cherry  
 (25) State whether Physician or Midwife midwife

Given name added from a supplemental report

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

(27) Filed 11 5 1922 (28) Local Registrar [Signature]

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.

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