

(1) PLACE OF BIRTH
County of Lancaster
Township of Lancaster
or
Inc. Town of Lancaster
or
City of Lancaster

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19140

Registration District No. 28e

Registered No. 41
(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 J. E. Funderburk

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 12, 1912
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME J. Reece Funderburk
(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(Years)
(12) BIRTHPLACE Chesterfield
(13) OCCUPATION Dentist

MOTHER.
(14) NAME BEFORE MARRIAGE Mary L. Martin
(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Years)
(18) BIRTHPLACE Winnboro
(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 12:00 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Dr. D. Allen

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Lancaster S.C.

Given name added from a supplemental report

(26) Witness J. T. Thumason

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

(27) Filed 7-12-12 (28) J. T. Thumason
Registrar 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.