

(1) PLACE OF BIRTH

County of Richland

Township of

Ins. Town of

City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

37407

Registration District No. 382 Registered No. 938

(For use of Local Registrar)

(No. 11 of La Marion St. St. 1 Ward)(2) Full Name of Child Lurie Alberta Orzelle If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Y (4) Twin or Triplet? N (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE Nov 12 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Wesley Orzelle(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Richland Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Carden(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Richland Co.(19) OCCUPATION H. W.(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 at 11:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. Orzelle, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia

Given name added from a supplemental report

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

(27) Filed 12/18 1923 (28) P. L. Sloan Registrar

*When there was no attending physician or midwife, then the father, household, 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.