

Form No. 1

## (1) PLACE OF BIRTH

County of Ricken  
 Township of Rocky River  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

For Use of State Registrar Only  
**9058**

Registration District No. 2-9-9 Registered No. 3  
 (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 No Name If child is not yet named, make supplemental report as directed

(3) SEX OR GROW Boy (4) Twin or Triplet ✓ (5) Number in order of birth 3 (6) Are Parents Married yes (7) DATE OF BIRTH July 15 1928  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Murray Furtin  
 (9) PRESENT POSTOFFICE OF FATHER Springfield, S.C. A.F.S.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26  
 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Estlin Kannerley  
 (15) PRESENT POSTOFFICE OF MOTHER Springfield, S.C. A.F.S.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24  
 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House wife  
 (20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Josephine Furtin(23) State whether midwife(24) Address of Physician or Midwife Springfield, S.C.

Given name added from a supplemental report

(25) Witness

Chas. X. Sallee  
 (Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed July 15 1928(27) Chas. X. Sallee

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.