

## (1) PLACE OF BIRTH

County of Myrtle  
 Township of .....  
 OF  
 Inc. Town of .....  
 OF  
 City of Myrtle (No. .... St. .... Ward ....)  
 (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

5339

Registration District No. 4406 Registered No. 16  
 (For use of Local Registrar)

(2) Full Name of Child James Wade Hurd If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 18 1923</u> (Month) (Day) (Year)
FATHER <u>James Wade Hurd</u>			MOTHER <u>Ella Hurd</u>	
(8) FULL NAME <u>James Wade Hurd</u>			(14) NAME BEFORE MARRIAGE <u>Ella Hurd</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Myrtle</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Myrtle</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Year)	
(12) BIRTHPLACE <u>Myrtle</u>		(18) BIRTHPLACE <u>Myrtle</u>		
(13) OCCUPATION <u>Mill Worker</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Male at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

James Hurd  
May 16 1923  
 Registrar

(26) Witness

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

(27) Filed May 7 1923 (28)

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.

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