

## (1) PLACE OF BIRTH

County of WillamTownship of Marionor  
Inc. Town of .....or  
City of .....

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

Registration District No. 1605File No.—For State Registrar Only  
**6771**Registered No. 17  
(For use of Local Registrar)

St. .... Ward)

(2) Full Name of Child Johnson H. Surler  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed1 BOY OR GIRL boy

4 Twin or Triplet?

5 Number in order of birth 6  
To be answered only in event of Twin or Triplet6 Are Parents Married? yes7 DATE OF BIRTH Jan 7 1923  
(Name of Month) (Day) (Year)**FATHER.**8 FULL NAME Marion Surler9 PRESENT POSTOFFICE OF FATHER Willam S.C.10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)12 BIRTHPLACE Willam S.C.13 OCCUPATION Carpenter20 Number of children born to mother, including present birth Six**MOTHER.**14 NAME BEFORE MARRIAGE Bertha Stephens15 PRESENT POSTOFFICE OF MOTHER Willam S.C.16 COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)18 BIRTHPLACE Marion Co S.C.19 OCCUPATION House work21 Number of children of this mother now living, including present birth Six**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.)(23) (Signature) L. F. Surler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/21 1923(28) L. F. Surler 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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