

## (1) PLACE OF BIRTH

County of ColumTownship of Shugor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 207 Registered No. 81  
(For use of Local Registrar)

File No. — For State Registrar Only

36037

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

(2) Full Name of Child Joseph Surin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? B (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Nov 3 1909  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John T. Surin(9) PRESENT POSTOFFICE OF FATHER Colum SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Colum SC(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Maud Lloyd(15) PRESENT POSTOFFICE OF MOTHER Granville SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 15 (Years)(18) BIRTHPLACE Colum SC(19) OCCUPATION None(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 Alia at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. A. Morrow(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Granville SC

Given name added from a supplemental report

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

1909 Registrar(27) Filed Nov 6 1909 (28) W. H. Surin 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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