

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 1a.—For State Registrar Only

37703

County of AndersonTownship of Pat 2

Inc. Town of

City of

Registration District No. H006Registered No. 104
(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 Sam B. Shurt
(If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL Boy (2) Type of Birth To be answered only in case of Twin or Triplet (3) Number in Order of Birth 1 (4) Age of Mother 32 (5) DATE OF BIRTH 11/15/33
(Name of Month) (Day) (Year)

FATHER. (6) FULL NAME Tom Shurt (7) NAME BEFORE MARRIAGE Lizzie Milwood

(8) PRESENT POSTOFFICE OF FATHER Whitcomb (9) PRESENT POSTOFFICE OF MOTHER Whitcomb

(10) COLOR OR RACE W. Whit (11) AGE AT LAST BIRTHDAY 34 (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 34
(Year) (Year)

(14) BIRTHPLACE 2 R (15) BIRTHPLACE 2 R

(16) OCCUPATION Farming (17) OCCUPATION None

(18) Number of children born to mother, including present birth 3 (19) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(21) (Signature) [Signature] (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife 312 S. Main St.

Given name added from a supplemental report

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

(25) Filed Dec. 13 1933 (26) M. W. Brown 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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