

(1) PLACE OF BIRTH

County of Union

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

2641

Township of

or

Inc. Town of

or

City of Union

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

(2) Full Name of Child Marguerite Virginia Just child is not yet named, make supplemental report as directed

(3) BOY or GIRL? Girl
(4) Twin or Triplet? No
(5) Number in order of birth 1st
(to be answered only in case of twins or triplets)

(6) Age Parents Married 22

(7) DATE OF BIRTH Jan 11 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME V. J. Just

(9) PRESENT POSTOFFICE OF FATHER Union S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Burroughs Co. N.C.

(13) OCCUPATION Mill work

(14) Number of children born to mother, including present birth: One

MOTHER

(14) NAME BEFORE MARRIAGE Maury L. Lunsford

(15) PRESENT POSTOFFICE OF MOTHER Union S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Nequood Co. N.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 10:25 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 24 is signed by parent) [Signature]

(26) Filed 2-10-22 (27) [Signature] 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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