

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
64811

(1) PLACE OF BIRTH

County of Horry

Township of Calhoun Ferry

or
Inc. Town of

or
City of

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

Registration District No. 2505

Registered No. 39

(For use of Local Registrar)

(2) Full Name of Child Lanise Kirtan

If 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 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 3, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Kirtan Jr

(9) PRESENT POSTOFFICE OF FATHER Advocate Ferry

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Horry Co S.C.

(13) OCCUPATION Farming

20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Etta Best

(15) PRESENT POSTOFFICE OF MOTHER Advocate Ferry S.C.

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

(18) BIRTHPLACE Horry Co S.C.

(19) OCCUPATION Housewife

(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 born alive at 400 P M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Advocate Ferry S.C.

Given name added from a supplemental report
....., 191.....
Registrar

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

(27) Filed 5 191..... (28) [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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.