

(1) PLACE OF BIRTH

County of Leflore
 Township of Crige
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

8338

Registration District No. 3605 Registered No. 19
 (For use of Local Registrar)

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

(2) Full Name of Child George Lee Durvin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Date of Birth Feb 21, 1922
 To be answered only in event of Twin or Triplet (Date of Month) (Day) (Year)

FATHER

(6) FULL NAME George Durvin
 (7) PRESENT POSTOFFICE OF FATHER New Brookland SC
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 37 (Year)
 (12) BIRTHPLACE Leflore Co
 (13) OCCUPATION farmer

MOTHER

(14) NAME BEFORE MARRIAGE Violet Malinie
 (15) PRESENT POSTOFFICE OF MOTHER New Brookland SC
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24 (Year)
 (18) BIRTHPLACE Leflore Co
 (19) OCCUPATION house wife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 PM on the date above stated. (Was a live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Anne Vigne
 (24) State, whether Physician or Midwife New Brookland SC (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Date 3/6/22 (28) J. C. Lybrand 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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