

(1) PLACE OF BIRTH

County of Marlboro
 Township of Hebron
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

15951

Registration District No. 3304Registered No. 61
(For use of Local Registrar)

City of (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 Wm. Staurin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 22 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Charlie Staurin(9) PRESENT POSTOFFICE OF FATHER Ches 8 E(10) COLOR OR RACE cue (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE SE(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

MOTHER

(14) NAME BEFORE MARRIAGE Lula m. Staurin(15) PRESENT POSTOFFICE OF MOTHER Ches 8 E(16) COLOR OR RACE cue (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE SE(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Midwife Jane Talver

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

1922 Registrar

(27) Date May 21 1922 W. H. Woodley 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.