

RECORD KEPT FOR BINDING. WITH UNFOLDING RECORD—THIS IS A PRELIMINARY RECORD, and mark the WHERE PLACED IN CASE OF TWIN OR TRIPLET as a PRELIMINARY RECORD, No. 1, this (filling, No. 2, etc., in question 5, NEGATIVE COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lex...

Township of

or Inc. Town of Batesburg

or City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39233

Registration District No 31-A

Registered No. 63

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Nov 22, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Purdee

(9) PRESENT POSTOFFICE OF FATHER Batesburg, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE Georgia

(13) OCCUPATION Mill. Foreman

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Simmons

(15) PRESENT POSTOFFICE OF MOTHER Batesburg, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE Georgia

(19) OCCUPATION Housewife

(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 7:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Gibson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Batesburg, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 12, 1914

(28) W. J. Gibson

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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