

## (1) PLACE OF BIRTH

County of Sp. C. S. C.Township of W. C. S. C.

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74776

Registration District No. 4005Registered No. 80  
(For use of Local Registrar)(2) Full Name of Child Mary Louise Phurtick If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 23 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>John Phurtick</u>	(14) NAME BEFORE MARRIAGE <u>Emma Louder</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Pauline St</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pauline St</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)
(12) BIRTHPLACE <u>R. C.</u>	(18) BIRTHPLACE <u>R. C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth { <u>6</u> }	(21) Number of children of this mother now living, including present birth { <u>4</u> }		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 120 P M., on the date above stated. (Born alive or stillborn) (Hour, Day, and P. M.)(23) (Signature) J. C. White(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phone 1000

Given name added from a supplemental report

....., 191.....

.....  
Registrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 1 1916 (28) J. C. White 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.