

Form No. 1

(1) PLACE OF BIRTH

County of RocheesterTownship of GeorgeInc. Town of GeorgeCity of George

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

51990

Registration District No. 1707 Registered No. 22

(For use of Local Registrar)

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

(2) Full Name of Child Jane B. Durr

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH March 10 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Malles R Durr(9) PRESENT POSTOFFICE OF FATHER St George S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE St George S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Jane Bell(15) PRESENT POSTOFFICE OF MOTHER St George(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Redgewood S.C.(19) OCCUPATION House Wife(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 Alive at 11-30 P.M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. B. Durr

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

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 March 31 1916 (28) C. D. Appleby 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.

MADE IN THE UNITED STATES OF AMERICA

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR HIS ASSISTANT IN A FORMERLY DESIGNATED

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.