

FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.  
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Chester  
 Township of Wahseville  
 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

10496

Registration District No. 1104

Registered No. 14  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St. .... Ward ....)

(2) Full Name of Child Mary Bell McLurkin

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 5 (6) Are Parents Married? yes (7) DATE OF BIRTH April 8, 1922  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Manus McLurkin  
 (9) PRESENT POSTOFFICE OF FATHER Reeds, S. C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38  
 (12) BIRTHPLACE Chester County (Year)  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Feaster  
 (15) PRESENT POSTOFFICE OF MOTHER Reeds, S. C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35  
 (18) BIRTHPLACE Fairfield County (Year)  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 5  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sieley Hampton  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Reeds, S. C.

Given name added from a supplemental report

## (26) Witness

(Signature of Witness necessary only when question 23 is signed "midwife")

(27) Filed April 8, 1922 (28) H. J. McDaniel 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.