

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH County of <u>York</u> Township of _____ or Inc. Town of <u>Fort Mill</u> or City of _____		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. _____		FILE No.—For State Registrar Only <u>22 050148</u>	
		Registered No. _____ (For use of Local Registrar)		Ward _____	
2. FULL NAME OF CHILD <u>James Alvester Hurrycutt</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number) If child is not yet named, make supplemental report as directed.					
3. Boy or Girl <u>Boy</u>	4. Twin, triplet or other _____ 5. Number, in order of birth <u>2</u>	6. Premature _____ Full term <u>yes</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Aug 28</u> , 19 <u>22</u> (Month, day, year)	
9. Full name <u>FATHER</u> <u>James Lee Hurrycutt</u>			18. Name before marriage <u>MOTHER</u> <u>Lula May Baker</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Fort Mill S.C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Fort Mill S.C.</u>		
11. Color or race <u>White</u>		12. Age at last birthday <u>26</u> (Years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) (State or country) <u>S.C.</u>		21. Age at last birthday <u>22</u> (Years)		22. Birthplace (city or place) (State or country) <u>N.C.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Textile</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Cotton Mill</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work _____, 19____			25. Date (month and year) last engaged in this work _____, 19____		
17. Total time (years) spent in this work _____			26. Total time (years) spent in this work _____		
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
28. If stillborn, period of gestation _____ months _____ weeks		29. Cause of stillbirth _____ Before labor _____ During labor _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 a.m. on the date above stated.
(Born alive or stillborn)
(Signed) S/ J.R. DesPortes, M.D.
or _____, Midwife.
Address Fort Mill S.C.
Filed Aug 30, 1939 M.B. Woodward, M.D.
a supplementary report _____
(Date of)

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

E. KENNETH AYCOCK, M.D., M.P.H., COMMISSIONER
J. MARION SIMS BUILDING — 2600 BULL STREET
COLUMBIA, SOUTH CAROLINA 29201

"I hereby certify this to be a true transcript of information contained on the record filed for this individual."

E. Kenneth Aycock, M.D.
Commissioner and State Registrar

Doris M. Byars
Assistant State Registrar