

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Durhamor Town of GovalleCity of Govalle

(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

28898

Registration District No. 401Registered No. 108

(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 Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Apr 10 1927  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie G. Gurneys(9) PRESENT POSTOFFICE OF FATHER Torran S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34  
(Years)(12) BIRTHPLACE Torran S.C. Darlington Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 16

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Moxey(15) PRESENT POSTOFFICE OF MOTHER Torran S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30  
(Years)(18) BIRTHPLACE Calhoun Co., S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 31

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. A. Gurneys

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Calhoun Co., 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 Oct 9 1927 (28) J. E. Bennett 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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P.C.

M, M.)

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