

(1) PLACE OF BIRTH

County of UnionTownship of Union

Incl. Town of.....

or

(City of Union)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32545

Registration District No. 42-ARegistered No. 127

(For use of Local Registrar)

(2) Full Name of Child Lurman A. Falls

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

3. BOY OR GIRL Boy

4. Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept. 17, 1922

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Lurman A. Falls9. PRESENT POSTOFFICE OF FATHER #32 Ramsdell10. COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 2312. BIRTHPLACE King Mt. N.C.13. OCCUPATION Brick Mason

MOTHER.

(14) NAME BEFORE MARRIAGE William E. Davis(15) PRESENT POSTOFFICE OF MOTHER #32 Ramsdell(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 29(18) BIRTHPLACE Union S.C.(19) OCCUPATION Domestic20. Number of children born to mother, including present birth 1-2(21) Number of children of this mother now living, including present birth 1-2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, Male, on the date above stated.(Born alive or stillborn) (Hour / M. or P. M.) 7 A.M.(23) (Signature) L. P. Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled 10 10 22(28) N. V. Jackson

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.