

## (1) PLACE OF BIRTH

County of

*Orangeburg*

Township of

*Limestone*

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *3611*

File No.—For State Registrar Only

19712

Registered No. *31*.....  
(For use of Local Registrar)(No. .... St.; ..... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

*John Surgick*

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

(3) BOY OR GIRL

*Boy*

(4) Twin or Triplet?

To be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

*Yes*

(7) DATE OF

BIRTH *Feb 10 1922*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*John Surgick*

(9) PRESENT POSTOFFICE OF FATHER

*North, S.C.*

(10) COLOR OR RACE

*Negro*

(11) AGE AT LAST BIRTHDAY

*30*  
(Years)

(12) BIRTHPLACE

*S. C. Farm labour*

(13) OCCUPATION

*farm labour*

(20) Number of children born to mother, including present birth

*Five*

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

*Negro*

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

*S. C.*

(19) OCCUPATION

*Farm labour*

(21) Number of children of this mother now living, including present birth

*Five*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

*Eliza Benjamins*

(24) State whether Physician or Midwife

*Midwife*

(25) Address of Physician or Midwife

*North S.C.*

Given name added from a supplemental report

(26) Witness

*J. S. Walsh*

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

(27) Filed

*March 1922*(28) *J. S. Walsh* 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.