

## (1) PLACE OF BIRTH

County of Richmond  
 Township of Richmond  
 or  
 Inc. Town of Richmond  
 or  
 City of Richmond

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

31137

Registration District No. 1-1-1 Registered No. 27  
 (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 Doris Ruth Shurkie If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 27, 1927  
 To be answered only in case of Twins or Triplets (State of Month) (Day) (Year)

FATHER.  
 8) FULL NAME Daniel Rees Shurkie  
 9) PRESENT POSTOFFICE OF FATHER Pelion  
 10) COLOR OR RACE White American 11) AGE AT LAST BIRTHDAY 23 (Years)  
 12) BIRTHPLACE Pelion  
 13) OCCUPATION Farmer

MOTHER.  
 14) NAME BEFORE MARRIAGE Bertha Rish  
 15) PRESENT POSTOFFICE OF MOTHER Pelion  
 16) COLOR OR RACE White American 17) AGE AT LAST BIRTHDAY 21 (Years)  
 18) BIRTHPLACE Pelion  
 19) OCCUPATION house wife

20) Number of children born to mother, including present birth (One) 21) Number of children of this mother now living, including present birth (One)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. P. Pelion (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed ..... 19 ..... (28) ..... 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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WHITE 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.

MEGAW OF COLUMBIA, COLUMBIA, S. C.

MEGAW