

SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Presumpsey
Township of Liberty
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

4962

Registration District No. 37.03

Registered No. 8
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hgnis Surtely

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 2.7.1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Dane Surtely
(9) PRESENT POSTOFFICE OF FATHER Liberty S.C.R.3
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(12) BIRTHPLACE Presumpsey Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2nd

(14) NAME BEFORE MARRIAGE Whitely Roper
(15) PRESENT POSTOFFICE OF MOTHER Liberty S.C.R.3
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
(18) BIRTHPLACE Presumpsey Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was at Liberty S.C. at 2.7.1923 at Liberty S.C. at 2.7.1923
on the date above stated. (Born alive or stillborn Hour M. or P. M.)

(23) (Signature) Wm. S. Surtely

(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 Mar. 2. 1923 (28) John T. Boyce 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.

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.