

## (1) PLACE OF BIRTH

County of Chester  
 Township of Rossville  
 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

41600

Registration District No. 1101Registered No. 175  
(For use of Local Registrar)

City of..... (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

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 27, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Walter Orr  
 (9) PRESENT POSTOFFICE OF FATHER Great Falls  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40  
 (12) BIRTHPLACE Chester Co., S.C.  
 (13) OCCUPATION Mill work  
 (20) Number of children born to mother, including present birth 15

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Funderburk  
 (15) PRESENT POSTOFFICE OF MOTHER Great Falls  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37  
 (18) BIRTHPLACE Chesterfield Co. S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth nine

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:27 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. McKeown, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Great Falls, 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 1/15/23 19(28) V. T. Varnado  
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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