(1) PLACE OF BIRTH

County of Pickens

Township of Pickens
or
Inc. Town of .....
or
City of .....

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

CERTIFICATE OF BIRTH

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

Registration District No. 37 4C

(No. ..... St.; ..... Ward)

File No.—For State Registrar Only
~~36120~~

Registered No. 145
(For use of Local Registrar)

(2) Full Name of Child .....

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Oct 20 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Geo. I. Durham

(9) PRESENT POSTOFFICE OF FATHER Pickens S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Pickens Co

(13) OCCUPATION Textile Operative

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Turner

(15) PRESENT POSTOFFICE OF MOTHER Pickens S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Transylvania Co, N.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 oz a.m. on the date above stated.

(23) (Signature) J. H. Vallum MD
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Pickens S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

(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.

MARGIN RESERVED FOR BINDING.

WRITE 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.

McCLAY OF COLUMBIA, COLUMBIA, S. C.

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