

Form No. 1

(1) PLACE OF BIRTH

County of HenryTownship of Conaway

Inc. Town of

City of

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

(2) Full Name of Child Edwin Welford Curran If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 11</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John B. Curran(9) PRESENT POSTOFFICE OF FATHER Myrtle Beach S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Year)(12) BIRTHPLACE Henry Co S.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Catherine King(15) PRESENT POSTOFFICE OF MOTHER Myrtle Beach S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Year)(18) BIRTHPLACE Henry Co S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Born Alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Sarah Curran(23) State whether Physician or Midwife (24) Address of Physician or Midwife Myrtle Beach S.C.

Given name added from a supplemental report

(25) Witness Ed. H. Lee
(Signature of Witness necessary only when question 23 is signed by mark)(26) When Mar 8 1923 (27) J. D. Dugan Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child born dead or stillborn, it should be reported as stillborn. No report is desired of stillbirths occurring within month of pregnancy.

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.

Bureau of Sanitation, Columbia, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4200

Registration District No. 2502 Registered No. 27
(For use of Local Registrar)

(No. St.; Ward)