

BUREAU OF COLUMBIA: COLUMBIA, S. C.

County of Franklin  
Township of Udickson  
or  
Inc. Town of.....  
or  
City of .....

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

19755

Registration District No. 962 Registered No. 1000  
(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 Curtis Odum 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 (6) Are Parents Married? *y/bo* (7) DATE OF BIRTH: *June 5 22* 19 *22*  
(Name of Month) (Day) (Year)

FATHER	
(8) FULL NAME	Lucius Odorn
(3) PRESENT POSTOFFICE OF FATHER	Cope SCR 42
(10) COLOR OR RACE	Colorad
(11) AGE AT LAST BIRTHDAY	45 (Years)
(12) BIRTHPLACE	Ganghuz Co
(13) OCCUPATION	Farming
(20) Number of children born to mother, including present birth	Twelve

MOTHER.

(14) NAME BEFORE MARRIAGE *Emma Hair*

(15) PRESENT POSTOFFICE OF MOTHER *Cope SC R 72*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY..... *40*.....  
(Years)

(18) BIRTHPLACE *Orangeburg Co*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *7*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(28) (Signature) Nancy X. [illegible]  
(29) State whether Physician or Midwife (30) 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 March 1964 (28) V.C. [Local Registrar.]

\*When there was no attending physician or midwife, when 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.