

(1) PLACE OF BIRTH

County of Greenwood
 Township of Yardley

or
 Inc. Town of

City of (No.) Registered No. 90
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

(2) Full Name of Child Ann named { 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? yes (7) DATE OF BIRTH June 27 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME M. J. Curry

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

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35
 (Years)

(12) BIRTHPLACE Edgefield Co.

(13) OCCUPATION farming

(20) Number of children born to mother, including present birth { 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Bessie Simpkins

(15) PRESENT POSTOFFICE OF MOTHER Same as Husband

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34
 (Years)

(18) BIRTHPLACE Edgefield Co.

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. J. Curry
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Callison

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 1 1916, (28) E. R. Masley
 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.

MARKING RESERVED FOR BINDING.
 WHITE 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.
 McGraw, of Columbia.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
64696