

Form No. 1

(1) PLACE OF BIRTH

County of Edgefield

Township of Weather

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46083

Registration District No. 4

Registered No. 1806

(For use of Local Registrar)

(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 James Curry

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

3) SEX Male

(4) Twin or Triplet One

(5) Number in order of birth 1

(5) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 31 1906

(Name of Month) (Day) (Year)

FATHER

4) NAME Jack Curry

5) NAME Robert

6) NAME Robert

7) NAME Robert

8) NAME Robert

9) NAME Robert

10) NAME Robert

11) NAME Robert

12) NAME Robert

13) NAME Robert

14) NAME Robert

15) NAME Robert

16) NAME Robert

17) NAME Robert

18) NAME Robert

19) NAME Robert

20) NAME Robert

21) NAME Robert

22) NAME Robert

23) NAME Robert

24) NAME Robert

(14) NAME BEFORE MARRIAGE Robert Johnson

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

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 16

(Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Housewife

(20) OCCUPATION Housewife

(21) OCCUPATION Housewife

(22) OCCUPATION Housewife

(23) OCCUPATION Housewife

(24) OCCUPATION Housewife

(25) OCCUPATION Housewife

(26) OCCUPATION Housewife

(27) OCCUPATION Housewife

(28) OCCUPATION Housewife

(29) OCCUPATION Housewife

(30) OCCUPATION Housewife

(31) OCCUPATION Housewife

(32) OCCUPATION Housewife

(33) OCCUPATION Housewife

(34) OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. L. Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb - 3 - 1916 (28) R. D. Thompson 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.

WRITE IN INK, WITH ENVELOPING 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.