

(1) PLACE OF BIRTH

County of KershawTownship of Duffall

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
19118Registration District No. 2761 Registered No. 167
(For use of Local Registrar)

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

2) Full Name of Child. { If child is not yet named, make supplemental report as directed

3) SEX OF CHILD <u>Girl</u>	(4) Twin or triplet? To be answered only in case of Twins or triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 5 1911</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Charles Curry9) PRESENT POSTOFFICE OF FATHER Columbia SC10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 22
(Years)12) BIRTHPLACE Kershaw Co13) OCCUPATION General work14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Luella Ely(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE Kershaw(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Columbia on the date above stated (Hour A. M. or P. M.) 1 9 M.(23) (Signature) W. H. Curry(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia SC

(Given name added from a supplemental report)

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

(27) Filed June 20 1911 (28) W. H. Curry 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.

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