

(1) PLACE OF BIRTH
 County of Christy
 Township of Rossville
 or
 Inc. Town of

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

File No.—For State Registrar Only
48551

Registration District No. 116.7 Registered No. 6
 (For use of Local Registrar)
 or
 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 Fred Curulaf ... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH 2 8 6
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Jos Curulaf
 (9) PRESENT POSTOFFICE OF FATHER Fort Lawn SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Christy Co SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Six

MOTHER.
 (14) NAME BEFORE MARRIAGE Nora Cunningham
 (15) PRESENT POSTOFFICE OF MOTHER Fort Lawn SC
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Wadesville
 (19) OCCUPATION Christy Co SC
 (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 436 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. T. White (25) Address of Physician or Midwife Fort Lawn SC

(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness H. G. Anderson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/12 1916 (28) R. T. Vandover 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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FORM NO. 10. MARRIAGE REGISTRATIONS AND BIRTH RECORDS. THIS IS A PERMANENT RECORD. WRITE PLAINLY. WITH UNFADING INK.—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE 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 1. S.C.A.W. of Columbia.