

Form No. 1

(1) PLACE OF BIRTH

County of partauingTownship of partauingor
In. Town ofor
City of

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

 Registration District No. 4006 Registered No. 69
 (For use of Local Registrar)

 File No.—For State Registrar Only
19206

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

 (2) Full Name of Child Charles Marie M. Curie If child is not yet named, make supplemental report as directed

 (3) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 6-9-23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Wm. Y. M. Curie</u>	(14) NAME BEFORE MARRIAGE <u>Paul Johnson</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Trough S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Trough S.C.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Trough S.C.</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(12) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(10) COLOR OR RACE <u>white</u>	(13) BIRTHPLACE <u>Tenn.</u>	(15) BIRTHPLACE <u>Va.</u>	(18) OCCUPATION <u>Housewife</u>
(11) BIRTHPLACE <u>Tenn.</u>	(16) OCCUPATION <u>Millwright</u>	(19) Number of children of this mother now living, including present birth <u>4</u>	(20) Number of children of this mother now living, including present birth <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 (21) I hereby certify that I attended the birth of this child, who was alive at 39 M., on the date above stated. (Born alive or stillborn) (Hour, M. & P. M.)

 (22) (Signature) N. S. Curie
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife partauing, S.C.

Give name added from a supplemental report

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

 (26) Filed July 13, 1923 (27) Local Registrar M. W. Brown

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.