

Form No. 1

(1) PLACE OF BIRTH

County of partauburg
 Township of partau
 or
 the Town of

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

File No.—For State Registrar Only
19206

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

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 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 (6) Are Parents Married? yes (7) DATE OF BIRTH 6-9-23
 (Name of Month) (Day) (Year)
 To be answered only in event of Twin or Triplet

FATHER.
 (8) FULL NAME Wm. Y. M. Curie
 (9) PRESENT POSTOFFICE OF FATHER Trough S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Tenn.
 (13) OCCUPATION Millwright
 (14) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Paul Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Trough S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Va.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 4

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) (Month, M. & P. M.)

(22) (Signature) M. J. ...
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife partau, 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) M. W. Brown 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