

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Grove

or

Inc. Town of

or

City of

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

Registration District No. 2210 Registered No. 41  
(For use of Local Registrar)File No.—For State Registrar Only  
**64582**(2) Full Name of Child Ansall Curston

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

To be answered only in case of twins or triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH June 30 1946  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ed Curston(9) PRESENT POSTOFFICE OF FATHER Piedmont(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Chatman(15) PRESENT POSTOFFICE OF MOTHER Piedmont(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 9 A.M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) A. L. Lewis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianPiedmont

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 7 1946 (28) S. A. Mains

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.