

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or
Inc. Town of S.E. J.C.or Spartanburg

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

62015

Registration District No. 40a Registered No. 193

(For use of Local Registrar)

(No. 25 Cleveland St.; Ward)(2) Full Name of Child Curie Hartwell { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? ye(7) DATE OF BIRTH 11th May 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tobie Hartwell(9) PRESENT POSTOFFICE OF FATHER Spartanburg(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Spartanburg(13) OCCUPATION Painter(20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Sealie Brown(15) PRESENT POSTOFFICE OF MOTHER Spartanburg(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Fairfield County(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Hattie Jones 134 Horse Shoe

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 1 1916 (28) Jas Copes 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.

MADE IN U.S.A.

WHITE PLAIN, N. H.

N. H.

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