

## (1) PLACE OF BIRTH

County of Union  
 Township of Fish Dam  
 or  
 Inc. Town of .....  
 or  
 City of Carlisle

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
32562

Registration District No. 4-20-3 Registered No. 35  
 (For use of Local Registrar)

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

(2) Full Name of Child add cureton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 23, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Berry Cureton

(9) PRESENT POSTOFFICE OF FATHER Carlisle

(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 34  
 (Years)

(12) BIRTHPLACE Carlisle

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Thompson

(15) PRESENT POSTOFFICE OF MOTHER Carlisle

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 30  
 (Years)

(18) BIRTHPLACE Carlisle

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Manda Cureton  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Carlisle S.C.

Given name added from a supplemental report

P. H. G. Peter  
Oct 10 19 22  
 Registrar

(26) Witness S. B. Cureton  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 10 19 22 (28) P. H. G. Peter  
 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.