

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

50640

(1) PLACE OF BIRTH

County of Union

Township of Cross Keys

or
Inc. Town of A. C. I.

or
City of

Registration District No. 4200

Registered No. 6

(For use of Local Registrar)

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

Curtis Larrovia Nebbert

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl

(4) Twin or Triplet? X

(5) Number in order of birth 3

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb. 25, 1916
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER

(8) FULL NAME

Larro Nebbert

(9) PRESENT POSTOFFICE OF FATHER

Union Route # 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE

Cross County

(13) OCCUPATION

Farmer and Merchant

(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE

Maggie Olive Estes

(15) PRESENT POSTOFFICE OF MOTHER

Union Route # 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE

Union County

(19) OCCUPATION

Farmer's wife - Domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ed. Markman

(25) Address of Physician or Midwife

(24) State whether Physician or Midwife

Cross Anchor

Given name added from a supplemental report

(26) Witness

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

(27) Filed

191.....

(28) Dr. Moreley

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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WHEN WRITING, PLEASE PRINT FULL NAME OF CHILD. THIS IS A PREPARATION RECORD. WRITED PLAINLY. WITH UNFADING INK. THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

MCO