

Form No 1.

(1) PLACE OF BIRTH
County of Marlboro
Township of Bennettsville
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.)

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

File No.—For State Registrar Only
46866

Registration District No. 3301 Registered No. 1
(For use of Local Registrar)
St.:
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Louise Curtis
(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 12 1906
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Louise Curtis
(9) PRESENT POSTOFFICE OF FATHER Bennettsville SC
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Florida SC
(13) OCCUPATION laborer
(14) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Lizzie Dudley
(15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE Marlboro Co SC
(19) OCCUPATION Housewife
(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 born alive at 7 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louise Curtis
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville SC

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 8 1906 (28) W. W. Tate 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
M.F.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.
Cav. of Columbia.