

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor Charleston S C

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

17886

Registration District No. Registered No. 864..

(For use of Local Registrar)

(No. 67 Warren St

St.; Ward)

(2) Full Name of Child Curtis Roscoe Christian Jr. If child is not yet named, make supplemental report as directed3 SEX GR.
GIRL? no4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

5) Number in
order of birth6) Are
Parents
Married? yes

7) DATE OF

BIRTH June 15th, 22

(Specify Month, Day, Year)

FATHER.

8 FULL
NAME Curtis Roscoe Christian9 PRESENT
POSTOFFICE
OF FATHER 67 Warren St
Charleston S C10 COLOR
OR
RACE White

(11) AGE AT LAST

BIRTHDAY 32

(Years)

12 BIRTHPLACE
Missouri13 OCCUPATION
Insurance Agent,14 Number of children born to
mother, including present birthTwo

MOTHER.

(14) NAME BEFORE
MARRIAGE Wilhelmina Muirill(15) PRESENT
POSTOFFICE
OF MOTHER 67 Warren St, Chas S C(16) COLOR
OR
RACE White

(17) AGE AT LAST

BIRTHDAY 20

(Years)

(18) BIRTHPLACE

Charleston CO,

(19) OCCUPATION

Home Duties(21) Number of children of this mother
now living, including present birthTwo

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:45 P.M.
on the date above stated. (Data alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife
Physician(25) Address of Physician or Midwife
Citizens BldgGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 6/22 22J. Mercus Green Jr.
Local Registrar18
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.*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.