

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 5.

(1) PLACE OF BIRTH

County of Laurens
Township of Waynes
OF
Inc. Town of

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

File No. - For State Registrar Only
15553

Registration District No. 2807 Registered No. 16
(For use of Local Registrar)

City of (No. 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 Stazel Cureton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH: may 3, 22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Stazel Cureton

MOTHER
(14) NAME BEFORE MARRIAGE Burford Cureton

(9) PRESENT POSTOFFICE OF FATHER Riverside S.C.

(15) PRESENT POSTOFFICE OF MOTHER Riverside S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 33
(Year)

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 31
(Year)

(12) BIRTHPLACE Laurens

(18) BIRTHPLACE Laurens Co.

(13) OCCUPATION Farmer

(19) OCCUPATION Farming

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

(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, 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mary Mobley

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Riverside S.C.

Given name added from a supplemental report

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

B. J. Richardson
Registrar

(27) Filed may 9, 22 B. J. Richardson
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.