

(1) PLACE OF BIRTH

County of *Sumter*Township of *Highway Creek*

or

Inc. Town of *J*

or

City of *J*(No. St.; Ward)
(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

92009

Registration District No. *H.P.C.* Registered No. *141*
(For use of Local Registrar)(2) Full Name of Child *Lizzie Curtis*
(If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *8* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 20 1911*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *May Curtis*(9) PRESENT POSTOFFICE OF FATHER *Borden*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *38*
(Years)(12) BIRTHPLACE *Sumter Co*(13) OCCUPATION *Field Laborer*(20) Number of children born to mother, including present birth *8*

MOTHER.

(14) NAME BEFORE MARRIAGE *Espin Bolding*(15) PRESENT POSTOFFICE OF MOTHER *Borden*(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *35*
(Years)(18) BIRTHPLACE *Sumter Co*(19) OCCUPATION *House Wife*(21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9:00* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Phillis L. Durant*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife *Dalton St.*

Given name added from a supplemental report

(26) Witness *W.C. Haller*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Dec 20 1911* (28) *W.C. Haller*
Registrar 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.