

(1) PLACE OF BIRTH

County of Clarendon

Township of

or

Inc. Town of Manning, S.C.

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

14347

Registration District No. 13ARegistered No. 20
(For use of Local Registrar)

(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 Mable Curtain {If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH May 29, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Curtain(9) PRESENT POSTOFFICE OF FATHER Manning, S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 20
(Year)(12) BIRTHPLACE Summerton, S.C.(13) OCCUPATION Cook(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Emilie Lindal(15) PRESENT POSTOFFICE OF MOTHER Manning, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 20
(Year)(18) BIRTHPLACE Manning, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. M. Brickington(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Manning, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 1, 1922

(28)

A. J. White 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.