

(1) PLACE OF BIRTH

County of Cherokee
 Township of Cherokee
 Inc. Town of
 City of

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

3827

Registration District No. 0.0.0 Registered No. 2.2
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jacob Curry If child is not yet named, make supplemental report as directed

(1) SEX OR CHILD Boy (2) Age or Years 5 (3) Number in order of Birth 1 (4) Age of Mother 25 (5) Date of Birth Feb. 13, 1923

FATHER: (6) FULL NAME Clarence Curry (7) PRESENT POSTOFFICE OF FATHER Blacksburg, S.C. (8) COLOR OR RACE colored (9) AGE AT LAST BIRTHDAY 32 (10) BIRTHPLACE Cherokee County (11) OCCUPATION Farming (12) Number of children born to mother, including present birth 17 seven

MOTHER: (13) NAME BEFORE MARRIAGE Leila Borders (14) PRESENT POSTOFFICE OF MOTHER Blacksburg, S.C. (15) COLOR OR RACE colored (16) AGE AT LAST BIRTHDAY 25 (17) BIRTHPLACE Cherokee County (18) OCCUPATION Farming (19) Number of children of this mother now living, including present birth Five, 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour M. or P. M.)
 on the date above stated.

(21) (Signature) Mary Curry (22) Place (Physician or Midwife) (23) Address of Physician or Midwife

(24) Witness Midwife Blacksburg (25) Date Feb. 13, 1923 (26) Geo. A. Robb Local Registrar

Where the birth of a child is reported as stillborn, the mother, husband, etc., should make this return. If a child is born, the report should be made as soon as possible, but not later than the first month of pregnancy.