

(1) PLACE OF BIRTH

County of MarlboroTownship of Libonor
Inc. Town of Libonor
City of Libon

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18472

Registration District No. 33A.4 Registered No. 81
(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 not named If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 24 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>William A. Currie</u>	(14) NAME BEFORE MARRIAGE <u>Stanta Libon</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Libon S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Libon S.C.</u>

(9) PRESENT POSTOFFICE OF FATHER <u>Libon S.C.</u>	(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>72</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
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(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>
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(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>—</u>
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(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 1 A.M.,
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(24) (Signature) John A. Currie
(25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife Libon S.C.

Given name added from a supplemental report

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

(28) Filed Feb 24 1923 (29) W. B. Libon Local RegistrarWhen 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.

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