

## (1) PLACE OF BIRTH

County of York  
 Township of Brooklyn  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32732

Registration District No. 4402 Registered No. 92  
 (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

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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 12 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Ralph Curry

(9) PRESENT POSTOFFICE OF FATHER Nicholson, Ga

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 37  
 (Year)

(12) BIRTHPLACE Cherokee Co

(13) OCCUPATION Farmers

(20) Number of children born to mother, including present birth 8

MOTHER  
 (14) NAME BEFORE MARRIAGE Alberta Inman

(15) PRESENT POSTOFFICE OF MOTHER Nicholson, Ga

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 29  
 (Year)

(18) BIRTHPLACE York Co

(19) OCCUPATION Farmers

(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 13 at 6 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Wilson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Nicholson

Given name added from a supplemental report

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

(27) Filed Sept 12 22 (28) Clark  
 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.