

Township of Williamston
 or
 Inc. Town of Piedmont Registration District No. 3 19 Registered No. 38
 or
 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 A. C. McCurry } 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) Age of Parents Married (7) DATE OF BIRTH June 13, 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME A. J. McCurry
 (9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE N.C.
 (13) OCCUPATION Mill work
 (20) Number of children born to mother, including present birth } 8

MOTHER.
 (14) NAME BEFORE MARRIAGE Alla Long
 (15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE N.C.
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth } 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive ... at 8:55 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) A. W. Campbell
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Piedmont S.C.

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark.)
 (27) Filed July 11, 1914 (28) J. P. Jewell 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.

_____, 191____ Registrar (27) Filed _____ (28) _____ 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.

FORM NO. 8, WHICH IS ISSUED FOR THE PURPOSE OF OBTAINING RECORDS, SHOULD BE KEPT IN A SEPARATE FILE FOR EACH CHILD, AND MARKED WITH THE NAME OF THE CHILD. IN CASE OF TWIN OR TRIPLET USE A SEPARATE FILE FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.