

## (1) PLACE OF BIRTH

County of UnionTownship of Union

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53996

Registration District No. 4207 Registered No. 251

(For use of Local Registrar)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 28 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Paul Wilson Currell (14) NAME BEFORE MARRIAGE Paul Foster  
 (9) PRESENT POSTOFFICE OF FATHER Union S.C. (15) PRESENT POSTOFFICE OF MOTHER Union S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
 (12) BIRTHPLACE Spanningburg Co. (18) BIRTHPLACE Union Co.  
 (13) OCCUPATION Farmer & Town Sec. Agt (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 7 (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 Born alive at Union S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. K. Sarratt (24) State whether Physician or Midwife (25) Address of Physician or Midwife Union 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 April 2, 1916 (28) S. G. Sarratt 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.

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WHITEN PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 1.