

(1) PLACE OF BIRTH

County of EdgefieldTownship of Stantor
Inc. Town ofor
City of

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

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 30, 1922
(Name of month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Willie Curry</u>	(14) NAME BEFORE MARRIAGE <u>Margaret Hatcher</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Stanton S.C.</u>	(16) COLOR OR RACE <u>Colored</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(18) BIRTHPLACE <u>Edgefield County</u>
(12) BIRTHPLACE <u>Edgefield County</u>	(19) OCCUPATION <u>Housewife</u>	(20) Number of children born to mother, including present birth <u>1</u>	
(13) OCCUPATION <u>Farm Land</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. J. Hatcher (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Stanton 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 Sept 9, 1922 (28) P. W. Shelly 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.