

THIS IS A SUPPLEMENTARY REPORT TO THE REGISTRATION OF BIRTHS AND DEATHS. IT IS TO BE USED IN CASES OF TWINS OR TRIPLETS, OR IN CASES OF STILLBIRTHS, OR IN CASES OF INFANTS WHOSE BIRTHS OR DEATHS WERE NOT REPORTED TO THE REGISTERS. IT IS TO BE FILLED OUT BY THE PHYSICIAN OR MIDWIFE, OR BY THE FATHER, HOUSEHOLDER, ETC., WHO 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.

(1) PLACE OF BIRTH
County of York
Township of Hampton
or
Inc. Town of
or
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
45071

Registration District No. 4407 Registered No. 127
(For use of Local Registrar)

(2) Full Name of Child Berry McCurtin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 10, 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ira McCurtin
(9) PRESENT POSTOFFICE OF FATHER Felbert SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE York SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Matthi Robinson
(15) PRESENT POSTOFFICE OF MOTHER Felbert SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE York SC
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:45 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. B. Keel
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hampton SC

Given name added from a supplemental report
....., 191.....
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.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)
Dec 5 1915 (27) Filed Dec 5 1915 (28) Local Registrar. J. E. Brison

*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.

Registrar I

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