

(1) PLACE OF BIRTH

County of WayneTownship of Rockwellor
Inc. Town ofCity of Rockwell

(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**

Registration District No. 4.2.6.1No. 37802 - For State Registrar OnlyRegistered No. 27
(For use of Local Registrar)St. 2 Ward

(2) Full Name of Child

Curtis B. B. Jr.

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

(a) SEX OF CHILD Boy (b) DATE OF BIRTH July 7, 1923
 (c) TIME OF BIRTH 2:30 (d) PLACE OF BIRTH Rockwell
 (e) NUMBER OF CHILDREN BORN TO MOTHER 2

FATHER: (1) FULL NAME Curtis B. B. Sr. (2) PRESENT POSTOFFICE OF FATHER Rockwell S.C.
 (3) COLOR OR RACE W (4) AGE AT LAST BIRTHDAY 22 (5) BIRTHPLACE California
 (6) OCCUPATION Electrician

MOTHER: (7) NAME BEFORE MARRIAGE Ellen E. Moore (8) PRESENT POSTOFFICE OF MOTHER Rockwell S.C.
 (9) COLOR OR RACE W (10) AGE AT LAST BIRTHDAY 22 (11) BIRTHPLACE California
 (12) OCCUPATION Domestic

(13) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Date "A. M." or "P. M.")(21) (Signature) Rockwell (22) Address of Physician or Midwife Rockwell(23) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(25) Filed Dec. 7, 1923 (26) W. F. Gallaway Local Registrar

(27) 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.