

(1) PLACE OF BIRTH

County of Hampton  
 Township of Peedles  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

30671

Registration District No. 2402 Registered No. 134  
 (For use of Local Registrar)

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

(3) BOY OR GIRL Male (4) Twin or Triplet? 1 (5) Number in order of birth Two (6) Are Parents Married Yes (7) DATE OF BIRTH Sept. 29, 1922  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Dock Cape Jr.  
 (9) PRESENT POSTOFFICE OF FATHER Brunson S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE Hampton County, S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth Two

MOTHER

(14) NAME BEFORE MARRIAGE Lilla Hamilton  
 (15) PRESENT POSTOFFICE OF MOTHER Brunson S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Hampton County  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Georgian Hay  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Brunson S.C.

Given name added from a supplemental report:  
M. B. Woodward  
3-16-36 19.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Sept 30 1922 (27) Filed Sept 30 1922 (28) Local Registrar H. Rogers

\*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.