(1) PLACE OF BIRTH

County of [illegible]

Township of .....

or

Inc. Town of [illegible]

or

City of .....

CERTIFICATE OF BIRTH

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

2817

Registration District No. 307 Registered No. 15
(For use of Local Registrar)

(No. ..... St. ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child [illegible] (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Twins Identical	(7) DATE OF BIRTH
Boy	To be supplied in case of Twins or Triplets		No	[illegible] (Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: Otis [illegible]	(14) MAIDEN NAME: Curtis Harper
(9) PRESENT POSTOFFICE OF FATHER: Home Path S.C.	(15) PRESENT POSTOFFICE OF MOTHER: Home Path S.C
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 25 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: S.C.	(18) BIRTHPLACE: S.C.
(13) OCCUPATION: Farmer	(19) OCCUPATION: Domestic
(20) Number of children born to mother, including present child: Two	(21) Number of children of this mother now living, including present child: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

[illegible] (23) Address of Physician or Midwife: Home Path S.C.

(Given name added from a supplemental report)

[illegible] (Signature of Registrar only when certificate is made by birth)

[illegible]

*When there was no attendant [illegible] If a child [illegible]

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