

## (1) PLACE OF BIRTH

County of AlbemarleTownship of Libertyor  
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

Registration District No. 4605No. 2725 - For State Registrar Only

2725

Registered No. 10  
(For use of Local Registrar)(2) Full Name of Child Maner Curry

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

(3) SEX OR  
GALL Boy(4) Type  
or Triplet(5) Number in  
order of birth(6) Are  
Twin or  
Triplet(7) DATE OF  
BIRTHFeb 10 23  
(Month of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEManer Curry(9) PRESENT  
RESIDENCE  
OF FATHERR. B. Estell Jr(10) COLOR  
OR  
RACEColored(11) AGE AT LAST  
BIRTHDAY23  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer(14) Number of children born to  
mother, including present birth1

## MOTHER.

(15) FULL NAME

Edgar Williams(16) PRESENT  
RESIDENCE  
OF MOTHEREstel P. C. Rev(17) COLOR  
OR  
RACEColored(18) AGE AT LAST  
BIRTHDAY20  
(Years)

(19) BIRTHPLACE

SC

(20) OCCUPATION

Farmer Labor(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at 10 A.M.  
on the date above stated. (Day, date, and year) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

Dr. J. H. H. H.

(25) Address of Physician or Midwife

Given name added from a questionnaire  
and record

(26) Witness

(27) Date of birth

(28) Local Registrar

(29) Signature of Local Registrar

(30) Date of signature

(31) Signature of State Registrar

(32) Date of signature

(33) Signature of State Registrar

(34) Date of signature