

(1) PLACE OF BIRTH

County of Spartanburg
Township of Clinton
or
Inc. Town of Clinton
or
City of

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

File No. - For State Registrar Only
21148

Registration District No. 2200 Registered No. 78
(For use of Local Registrar)

City of (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 Thelma Jane Curry (If child is not yet named, make supplemental report as directed)

3) Sex - girl 4) Twin or Triplet? no 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH July 1, 1923
To be answered only in event of Twin or Triplet (Name of Mother) (Day) (Year)

FATHER.

8) FULL NAME Adrian Curry

9) PRESENT POSTOFFICE OF FATHER Clinton

10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23
(Year)

12) BIRTHPLACE S.C.

13) OCCUPATION Mill Operator

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

MOTHER.

14) NAME BEFORE MARRIAGE Othella Rogers

15) PRESENT POSTOFFICE OF MOTHER Clinton

16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 17
(Year)

18) BIRTHPLACE S.C.

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour) (P. M.)

(23) (Signature) M.C. Smith
(24) State whether Physician or Midwife (Address of Phys. or Midwife) Clinton S.C.

Given name added from a supplemental report

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

(27) Aug 10 1923 (28) L. L. Richardson Local 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.

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