

(1) PLACE OF BIRTH

County of *Greenville*Township of *Greenville*Inc. Town of *Greenville*

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)

(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?5. Number in
order of birth6. Are
Parents
Married?

7. DATE OF

BIRTH *July 1, 1923*
(Name of Month) (Day) (Year)

FATHER.

8. FULL
NAME9. PRESENT
POSTOFFICE
OF FATHER10. COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to
mother, including present birth

MOTHER.

14. NAME BEFORE
MARRIAGE15. PRESENT
POSTOFFICE
OF MOTHER16. COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

18. BIRTHPLACE

19. OCCUPATION

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

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 (25) Address of Phys. or Midwife
*Greenville S.C.*Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *Aug 10, 1923*(28) *E.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.*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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