

(1) PLACE OF BIRTH

County of Lancaster  
Township of Union  
or  
Inc. Town of Unionville  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only  
**21147**

Registration District No. 2200 Registered No. 79  
(For use of Local Registrar)  
(No. .... St.; .... Ward)

(2) Full Name of Child Willie May Curwide (If child is not yet named, make supplemental report as directed)

3. Girl (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH July 3, 23  
(Month of Birth) (Day) (Year)

FATHER.

8. FULL NAME Irving Curwide  
9. PRESENT POSTOFFICE OF FATHER Unionville  
10. COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 38  
(Years)  
12. BIRTHPLACE B.C.  
13. OCCUPATION Laborer  
20. Number of children born to mother, including present birth 7

MOTHER.

14. NAME BEFORE MARRIAGE Olga Young  
15. PRESENT POSTOFFICE OF MOTHER Unionville  
16. COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 38  
(Years)  
18. BIRTHPLACE B.C.  
19. OCCUPATION Housework  
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P.)

(23) (Signature) M.C. Smith  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Unionville

Given name added from a supplemental report  
.....  
.....  
..... 19 ..  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 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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