

(1) PLACE OF BIRTH

County of GreenvilleTownship of Lawrence

City of

City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

21190

Registration District No. Registered No.
(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 Walter Eugene Curry

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

July 9, 1925

FATHER.

(8) FULL NAME

Walter Curry

(9) PRESENT POSTOFFICE OF FATHER

Fountain Inn, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(15) NAME BEFORE MARRIAGE

Ruth Cox

(16) PRESENT POSTOFFICE OF MOTHER

Fountain Inn, S.C.

(17) COLOR OR RACE

white

(18) AGE AT LAST BIRTHDAY

30

(19) BIRTHPLACE

Greenville County, S.C.

(20) OCCUPATION

House

(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 alive at 5:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. A. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician, Fountain Inn, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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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