

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of St. Petersburg
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar Only
32515

Registration District No. 4109 Registered No. 57
 (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 Abbe Curtis

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

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept-29-22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ezekiel Curtis
 (9) PRESENT POSTOFFICE OF FATHER Hahell. S.C.
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 29
 (Year) (12) BIRTHPLACE Sumter Co.
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Silvia Peters
 (15) PRESENT POSTOFFICE OF MOTHER Hahell. S.C.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 22
 (Year) (18) BIRTHPLACE Sumter Co.
 (19) OCCUPATION farm laborer
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cherryman
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hahell. S.C.

Given name added from a supplemental report

(26) Witness Miss Marion Sanders
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 4-22 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.

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5. REGAM OF COLUMBIA, COLUMBIA, S. C.