

(1) PLACE OF BIRTH

County of York
 Township of King's Mt.
 Inc. Town of Clonville
 City of Clonville

CERTIFICATE OF BIRTH

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

Registration District No. 4407

File No. 38103

Registered No. 148
 (For use of Local Registrar)

City of Clonville (No. 1 St. 1 Ward 1)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Emily Inell Curstner If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL girl (2) Type of Birth Is in accordance with order of birth (3) Number in order of birth yes (4) Age of Mother yes (5) DATE OF BIRTH 11-21-23 (Name of Month) (Day) (Year)

FATHER
 (6) FULL NAME Albert a. Curstner
 (7) PRESENT POSTOFFICE OF FATHER Clonville
 (8) COLOR OR RACE W (9) AGE AT LAST BIRTHDAY 29 (Year)

(10) BIRTHPLACE N.C.
 (11) OCCUPATION Section Foreman

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

MOTHER
 (13) NAME BEFORE MARRIAGE Flourence L. McCall
 (14) PRESENT POSTOFFICE OF MOTHER Clonville
 (15) COLOR OR RACE W (16) AGE AT LAST BIRTHDAY 29 (Year)

(17) BIRTHPLACE N.C.
 (18) OCCUPATION Housewife

(19) Number of children of this mother now living, including present birth 1 (20) 10-1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 11:41 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. H. McCall
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Clonville

Given name added from a supplemental report

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

(26) Filed Dec-1-1923 (27) Local Registrar W. H. McCall

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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