

(1) PLACE OF BIRTH

County of Sumter, S.C.

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution give name of same (number of street and number.)

(2) Full Name of Child William Lucy Currie

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

3) BOY OR GIRL

4) Twin or Triplet

5) Number in order of birth

6) Sex

7) DATE OF BIRTH

8) Registered No. (For use of Local Registrar)

FATHER.

9) FULL NAME

William Lucy Currie

10) PRESENT POSTOFFICE OF FATHER

Sumter, S.C. R.F.D. #5

11) COLOR OR RACE

White

12) AGE AT LAST BIRTHDAY

46

13) BIRTHPLACE

Jackson Springs, S.C.

14) OCCUPATION

Farmer

15) Number of children born to mother, including present birth

4

MOTHER.

16) NAME BEFORE MARRIAGE

Mrs. Barden

17) PRESENT POSTOFFICE OF MOTHER

Sumter, S.C. R.F.D. #5

18) COLOR OR RACE

White

19) AGE AT LAST BIRTHDAY

36

20) BIRTHPLACE

Sumter, S.C.

21) OCCUPATION

Minister

22) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness

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

(28) Filed

Oct 5 1923

(29)

D. O. Browning

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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