

ONE FORM FOR EACH CHILD, AND
ONE FORM FOR EACH BIRTH.

(1) PLACE OF BIRTH
County of Aiken
Township of Gregg
Dist. Town of Murrellsville, S.C.

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

No. — For this Register Only
2668

Registration District No. 204

Registered No. 12
(For use of Local Registrar)

(No. _____ Street _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Walter Herman Curry Jr.
If child is not yet named, make supplemental report as directed

(a) Sex boy (b) Twin or Triplet (c) Number in order of birth
Is he premature or in excess of Twins or Triplets

(d) Sex Male (e) Mother Yes (f) Date of Birth Feb 14
(Name of Month) Feb (Year) 1943

FATHER.

(a) PRESENT ADDRESS OF FATHER Murrellsville, S.C.

(b) COLOR white (c) AGE AT LAST BIRTHDAY 19
RACE (d) BIRTHPLACE

(e) OCCUPATION Grocery deliveryman

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

MOTHER Thelma Louise Peebles

(a) PRESENT ADDRESS OF MOTHER Murrellsville, S.C.

(b) COLOR white (c) AGE AT LAST BIRTHDAY 17
RACE

(d) BIRTHPLACE Augusta, Ga.

(e) OCCUPATION Clerk in retail store.

(f) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive 3 lbs.
on the date above stated. Born alive or stillborn (Born alive or stillborn) (Born alive or stillborn)

(21) (Signature)

(22) State whether Physician or Midwife Physician

(23) Address of Physician or Midwife Granville St., S.C.

Given name added from a supplemental report

(24) WITNESS

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

(25) DATE Feb 22

Local Registrar

When there was no physician, physician or midwife, then the father, householder, etc. should make this return.
If a child born stillborn case, it must not be reported as stillborn. No report is desired of stillbirths
before the fifth month of pregnancy.

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