

(1) PLACE OF BIRTH

County of Chester S.C.
Township of Chester S.C.
or
Inc. Town of

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

File No.—For State Registrar Only
10483

Registration District No. 1102

Registered No. 42
(For use of Local Registrar)

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

2) Full Name of Child Paul Curbeam

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 24 (6) Are Parents Married? yes (7) DATE OF BIRTH April 17 1922
(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Sam Curbeam

(7) PRESENT POSTOFFICE OF FATHER Chester

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Chester

(13) OCCUPATION Farming

(16) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Fester

(15) PRESENT POSTOFFICE OF MOTHER Chester

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Chester

(19) OCCUPATION Farming

(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 born alive at 2 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Midwife Mary Heath

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Bessie Heath
(Signature of Witness necessary only when question 22 is signed by male)

(27) Filed May 5 1922 (28) John Heath 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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