

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Townor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

80610

Registration District No. 9ARegistered No. 1214

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child, Sarah Mellicham Curtis

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married Yes

(7) DATE OF BIRTH

October 30th 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Henry James Curtis(9) PRESENT POSTOFFICE OF FATHER City(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Charleston Co. S.C.(13) OCCUPATION Machinist U.S. Navy Yard(14) NAME BEFORE MARRIAGE Elizabeth Curtis(15) PRESENT POSTOFFICE OF MOTHER City(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE City(19) OCCUPATION At home(20) Number of children born to mother, including present birth 3(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 330 P.M. on the date above stated.
(Hour A. M. or P. M.)(23) (Signature) A. Wilkerson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 286 Meeting

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11/6 1916

(28)

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.

FORM NO. 8
STATISTICAL REGISTRATION DEPT. BEING IN CHARGE
SWITCHED PATIENT, AFTER UNFOLDING INTO—THIS IS A PREPARED BLANK FOR EACH CHILD, and mark the
N. B.—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.

McGraw-Hill