

(1) PLACE OF BIRTH

County of MurphyTownship of S.E.

or Town of

or City of Murphy

(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

No. 28564

28564

Registration District No.

Registered No. 22092

(For use of Local Registrar)

St. Ward)

(2) Full Name of Child

Sarah E. Curtis

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

(3) SEX <u>Female</u>	(4) Type or Triplet	(5) Number in order of birth	(6) Age Parent Married	(7) DATE OF BIRTH (Month) (Day) (Year) <u>Sept 1 1922</u>
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FATHER

(8) FULL NAME Jacques Edgar Curtis(9) PRESENT POSTOFFICE OF FATHER Murphy(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Iron chemic(14) Number of children born to mother, including present birth 2

MOTHER

(15) NAME BEFORE MARRIAGE Elizabeth Rhinehart(16) PRESENT POSTOFFICE OF MOTHER Same(17) COLOR OR RACE W. (18) AGE AT LAST BIRTHDAY 26 (Years)(19) BIRTHPLACE N.C.(20) OCCUPATION Housewife(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 at 11:50 A.M. on the date above stated. (If alive or still born) (Hour A. M. or P. M.)(23) (Signature) C. J. Jones Address of Physician or Midwife Murphy

Given names added, changed or corrected and report

(Signatures of witnesses necessary only when question is to signed registrar)

Local Registrar

When liberty is given, the registrar should make this return. If a child is born, the registrar should be desired of child's birth

LOCAL REGISTRAR