

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No. - For State Registrar Only

21841

Registered No. 86
(For use of Local Registrar)(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

Mathis Lurenia Currie

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

3 BOY OR GIRL

File

4 Twin or Triplet

To be answered only in event of Twin or Triplet

5 Number in order of birth

6 Are Parents Married

Yes

7 DATE OF BIRTH

July 8 1923

(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

Joe Currie

9 PRESENT POST OFFICE OF FATHER

Bennettville

10 COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

36

(Years)

12 BIRTHPLACE

Maulboro Co.

13 OCCUPATION

farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Fox Johnson

(15) PRESENT POST OFFICE OF MOTHER

Bennettville

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Maulboro Co.

(19) OCCUPATION

House wife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was
on the date above stated.born alive at 2:30 am.
(Born alive or stillborn) (Hour, M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

221 22 Bennettville S.C.

Given name added from a supplemental report

(25) Witness

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

(26) File

July 12 1923

(27) Local Registrar

M. A. Pato

If 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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