

Form No. 1

(1) PLACE OF BIRTH

County of Mullberry
 Township of R. R. Bluff
 or
 Inc. Town of
 or
 City of

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

File No. — For State Registrar Only

1620

Registration District No. 3305Registered No. 28
(For use of Local Registrar)

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

(2) Full Name of Child Curtis Lester

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

1. SEX OF CHILD Boy 2. Twin or Triplet No 3. Number in order of birth 1 4. Are Parents Married Yes 5. DATE OF BIRTH Feb 8, 1927
 (Name of Month) (Day) (Year)

FATHER

6. FULL NAME Leroy Lester
 7. PRESENT POSTOFFICE OF FATHER Tatum, S. C.
 10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Year)
 12. BIRTHPLACE Winchester, S. C.
 13. OCCUPATION Farmer

MOTHER

14. NAME BEFORE MARRIAGE Aggie Driggers
 15. PRESENT POSTOFFICE OF MOTHER Tatum, S. C.
 16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Year)
 18. BIRTHPLACE Winchester, S. C.
 19. OCCUPATION Domestic
 20. Number of children born to mother, including present birth 6
 21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn How A. M. or P. M.)

(23) (Signature) Hattie Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date Feb 10, 1927

(28)

Local Registrar

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

WRITE PLAINLY, WITH INK, AND IN CAPITAL LETTERS. THIS IS A PRELIMINARY REPORT. IN CASE OF TWINS OR TRIPLETS, USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS UTTER, No. 2, etc., in question 2. Columns of Columns, Columns, 0 C