

Form No. 1

(1) PLACE OF BIRTH

County of LaurensTownship of Glossy Hillor
Inc. Town of

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

39045

Registration District No. 2806Registered No. 154

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF

BIRTH Sept 25-1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William M. Carthens

(9) PRESENT POSTOFFICE OF FATHER

Heath Spring Pl.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

3-4

(Years)

(12) BIRTHPLACE

Laurens Co

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Ellen Elizabeth Ballard

(15) PRESENT POSTOFFICE OF MOTHER

Heath Spring Pl.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30-

(Years)

(18) BIRTHPLACE

Laurens Co

(19) OCCUPATION

Domestic

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

5

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

J. A. Rutledge

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.D.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 10 22

(28)

E. F. Harrison
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.

RECEIVED BY REGISTERAR WITH THIS REPORT IS A PERMANENT RECORD.
 IN THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.
 FIRST JOHN, No. 1. THE OTHER, No. 2, etc., in question 5.