

Form No. 1

(1) PLACE OF BIRTH

County of Marion
 Township of Bennett
 or
 In Town of Bennett
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33142

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

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

(2) Full Name of Child Helee Craig Carmichael If child is not yet named, make supplemental report as directed

(3) SEX OR GUY lie (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 21, 1923
 (Name (Month) (Day) (Year))

FATHER.

(8) FULL NAME John Coarington Carmichael

(9) PRESENT POSTOFFICE OF FATHER Bennett

(10) COLOR OR RACE wh (11) AGE AT LAST BIRTHDAY 34
 (Year)

(12) BIRTHPLACE Marion Co.

(13) OCCUPATION Auto Dealer

(14) Number of children born to father, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Helee Wilson

(15) PRESENT POSTOFFICE OF MOTHER Bennett

(16) COLOR OR RACE wh (17) AGE AT LAST BIRTHDAY 31
 (Year)

(18) BIRTHPLACE Cabhanee Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Angela Jennings
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bennett

Have name added from a supplemental report

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

(27) Filed 15 (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.