

MADE IN COLUMBIA, S. C.
 WHEN PLACING THIS UNFOLDING CARD IN A PERMANENT RECORD, WRITE IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Albemarle
 Township of 11
 or
 Inc. Town of
 or
 City of

Delayed
CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2901

Registration District No. 4600

Registered No. 10
 (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 Charles Care

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan. 29, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Care

(9) PRESENT POSTOFFICE OF FATHER

Thomas SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY 24
 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Salina Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Thomas SC

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY 22
 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

1 3

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

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura M. Dunbar

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Alma S.C.

Given name added from a supplemental report

(26) Witness

J. H. Boyd

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

(27) Filed

Feb. 11, 1922

(28) J. H. Boyd

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.