

MAJOR PLAINTEXT WITH UNFOLDING LINK - THIS IS A PERMANENT RECORD.
 *In 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.
 MICHIGAN OF COLUMBIA, Columbia, S. C.

Delayed

(1) PLACE OF BIRTH
 County of Albemarle
 State of SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
2901

Township of 11
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)

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 <u>boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 29, 1922</u> <small>(Name of Month) (Day) (Year)</small>
(8) FATHER FULL NAME <u>James Care</u>		(14) MOTHER NAME BEFORE MARRIAGE <u>Salina Johnson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Thomas SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Thomas SC</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Year)</small>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Year)</small>	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u> <u>3</u>		(21) Number of children of this mother now living, including present birth <u>1</u> <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., 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
Widwife next to Alvin S.C.

Given name added from a supplemental report

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(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.