

1. PLACE OF BIRTH

County of Anderson

Township of _____

or

Inc. Town of _____

City of Williamston, S.C.

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

2. FULL NAME OF CHILD

Charles L. McCarson

FILE No.—For State Registrar Only

13526-A

Bureau of Vital Statistics

State Board of Health

Registration District No. 3-0Registered No. 40

(For use of Local Registrar)

St. _____ Ward _____

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

3. Boy or Girl

If Plural

births

4. Twin, triplet, or other

5. Premature

6. Are parents

7. Date of birth

8. Month, day, year

9. Full name

FATHER

W. L. Knox McCarson

10. Full maiden name

MOTHER

Frances Lee Moore

11. Residence (usual place of abode)

Williamston

12. Residence (usual place of abode)

Williamston

13. Color or race

White

14. Age at last birthday

22

(Years)

15. Birthplace (city or place)

Anderson County

16. Color or race

White

17. Age at last birthday

18

(Years)

18. Birthplace (city or place)

Anderson County

19. Birthplace (city or place)

South Carolina

20. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

shopman

21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

housekeeper

22. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

mill

23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

housekeeper

24. Date (month and year) last engaged in this work

19

25. Total time (years) spent in this work

8

19

26. Total time (years) spent in this work

19

27. Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living

1

(b) Born alive but now dead

1

(c) Stillborn

28. If stillborn, period of gestation

monthsweeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:00 m. on the date above stated.

(Born alive or stillborn)

(Signed)

A. H. Bayler, M. D.

or

Midwife

Address

Williamston, S.C.

Filed

11-24-

1932

Reuben Russell

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from

a supplemental report

(Date of)

Registrar