

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Reg.

5550

Registration District No. 4408 Registered No. 20
 (For use of Local

(2) Full Name of Child Margaret Marie Carroll If child is not yet named supplemental report as

(1) BOY OR GIRL? Girl (4) Twin or triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE BIRTH Feb 3, 1923
 (Name of Month) (Day)

FATHER.

(1) FULL NAME Walter Brownlow Carroll(2) PRESENT POSTOFFICE OF FATHER York, S.C.(3) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE York, S.C.(13) OCCUPATION Detective(14) Number of children born to mother, including present birth 200

MOTHER.

(14) NAME BEFORE MARRIAGE Matie Stewart(15) PRESENT POSTOFFICE OF MOTHER York, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18(18) BIRTHPLACE York, S.C.(19) OCCUPATION Detective(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M.)

(23) (Signature) Philip W. Stewart(24) State whether Physician or Midwife (25) Address of Physician York, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 6, 1923 (28) Philip W. Stewart Local

*When there was no attending physician or midwife, then the father, householder, etc., should make this; a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.