

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of York

or  
Inc. Town of Clonk & C

City of York

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

54220

Registration District No. 4408

Registered No. 24

(For use of Local Registrar)

St.: ..... Ward

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

(2) Full Name of Child

Edw. abeth Belle  
Margaret M. Carr

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 3 12 6  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thomas M. Carr

(9) PRESENT POSTOFFICE OF FATHER

Clonk & C

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 38  
(Years)

(12) BIRTHPLACE

York Co S C

(13) OCCUPATION

Farmers & Planters

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Harry

(15) PRESENT POSTOFFICE OF MOTHER

Clonk & C

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 41  
(Years)

(18) BIRTHPLACE

York Co S C

(19) OCCUPATION

Domestic

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. G. White

(25) Address of Physician or Midwife

(24) State whether Physician or Midwife

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

1916

(28)

L. Barron  
Local Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia

\*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.