

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, No. 1. THE OTHER, No. 2, etc., in question 5.
 Calw. of Columbia

(1) PLACE OF BIRTH

County of Greenville
 Township of Clary
 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 Registrar Only
64542

Registration District No. 2-208 Registered No. 18
 (For use of Local Registrar)

(2) Full Name of Child John Henry Carson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH June 20, 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Paul Carson
 (9) PRESENT POSTOFFICE OF FATHER Tigerwille S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 46 (Years)
 (12) BIRTHPLACE Hartanbury Co. S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1-12

MOTHER.
 (14) NAME BEFORE MARRIAGE Alice Williams
 (15) PRESENT POSTOFFICE OF MOTHER Tigerwille S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 43 (Years)
 (18) BIRTHPLACE Henderson Co. N.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Lindsey M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Tigerwille S.C.

Given name added from a supplemental report
 _____ 191...
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 23, 1914 (28) G. V. Phillips 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.

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