

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

50707

(1) PLACE OF BIRTH
County of Williamson
Township of Manzano
or
Inc. Town of Registration District No. 4306 Registered No. 12
(For use of Local Registrar)
or
City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child. Carlton Staggins 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 case of Twin or Triplet</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 21 1914</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Pharson Staggins</u>			(14) NAME BEFORE MARRIAGE <u>Anna Green</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cades R D Sg</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cades Sg R D Sg</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>Williamson Co Sg</u>			(18) BIRTHPLACE <u>Williamson Co Sg</u>	
(13) OCCUPATION <u>Fanner</u>			(19) OCCUPATION <u>House Wife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 o'clock a.m.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) E. Anna M. M. M.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cades Sg R D Sg

Given name added from a supplemental report

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

(27) Filed Feb 21 1914 (28) J. T. Finner 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.

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, No. 1, THE OTHER, No. 2, etc., in question 3.

McCaw of Columbia