

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of Edgefield

Township of

or
Inc. Town of

or
City of Edgefield

(No. Thurmond Place St.;
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Walter Samuel Carr

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

3. Boy or Girl Boy	If Plural Births	4. Twin, triplet or other.....	6. Premature.....	7. Are Parents	8. Date of Birth <u>May 8,</u> 19 <u>42</u> (Month, day, year)
5. Number, in order of birth.....		Full term <u>v</u>		Married? <u>Yes</u>	
9. Full name FATHER <u>Truesdale Carr</u>			18. Name before marriage MOTHER <u>Minnie Wallace</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Edgefield, Hill St., South Carolina</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Edgefield, Hill St., South Carolina</u>		
11. Color or race <u>Negro</u>		12. Age at child's birth <u>24</u> (years)		20. Color or race <u>Negro</u> 21. Age at child's birth <u>22</u> (years)	
13. Birthplace (city or place) (State or country) <u>Lexington, South Carolina</u>			22. Birthplace (city or place) (State or country) <u>Edgefield, South Carolina</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter.</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>House work-housekpg.</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>Fort Jackson, S. C.</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home and others.</u>		
16. Date (month and year) last engaged in this work <u>September, 1942</u>			17. Total time (years) spent in this work <u>5 yrs.</u>		
25. Date (month and year) last engaged in this work <u>September, 1942</u>			26. Total time (years) spent in this work <u>Five.</u>		
27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living <u>1</u> (b) Born alive but now dead..... (c) Stillborn <u>1</u>					
28. If stillborn, period of gestation <u>9</u> months weeks		29. Cause of stillbirth <u>Too long labor.</u>			
		Before labor..... During labor.....			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at two m. on the date above stated.

(Signed) Minnie W. Carr Parent

xx Quarman

Address 1324 Liberty Hill St., Columbia, S.C.

Filed Sept. 14, 1942 M.B. Woodward, M.D.

Registrar.

Registrar.

16 093554

FILE No.—For State Registrar Only

03878

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

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

(No. Thurmond Place St.; Ward)

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

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