

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.....
City of Edgefield

Standard Certificate of Birth

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

16 093554
FILE No.—For State Registrar Only

03878

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

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

~~EX~~.....~~Quaritan~~
Address **1324 Liberty Hill St., Columbia, S.C.**

Filed **Sept. 14,** 19**42** **M. B. Woodward, M.D.**

Registrar.

Registrar.