

## (1) PLACE OF BIRTH

County of Florence  
 Township of Scranton  
 or  
 Inc. Town of Scranton  
 or  
 City of Scranton (No. 2008)

## STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

52179

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

(2) Full Name of Child Albert James Carhartt (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 1 1916 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Medria Corbett

(9) PRESENT POSTOFFICE OF FATHER Scranton S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Florence Co.

(13) OCCUPATION R.R. Section hand

(20) Number of children born to mother, including present birth 5

MOTHER.  
 (14) NAME BEFORE MARRIAGE Elvira Graham

(15) PRESENT POSTOFFICE OF MOTHER Scranton S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Scranton S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Vernelle Frierson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Scranton S.C.

Given name added from a supplemental report

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

(27) Filed 3/6/16 (28) R. L. Carter 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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