

(1) PLACE OF BIRTH

County of RichmondTownship of S. 1Inc. Town of orCity of (No.

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

(2) Full Name of Child Carrie Ruth Arnold

File No. For State Registrar Only

12561

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3706Registered No. 49
(For use of Local Registrar)St. Ward

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl(4) Twin or Triplet? ✓(5) Number in order of birth 1
To be answered only in event of Twins or Triplets(8) Are Parents Married? ✓

(7) DATE OF BIRTH

MAY 20 22
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME John Arnold(9) PRESENT POSTOFFICE OF FATHER Richmond S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION Tobacco(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie(15) PRESENT POSTOFFICE OF MOTHER Richmond S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Richmond S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Richmond S.C.

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.