

(1) PLACE OF BIRTH

County of *part of* *part of* *part of*  
Township of *part of* *part of* *part of*  
or  
Loc. Town of *part of* *part of* *part of*  
or  
City of *part of* *part of* *part of*

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

File No.—For State Registrar Only  
**53831**

Registration District No. *1108* Registered No. *488*  
(For use of Local Registrar)  
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 *Carol Pinkney Halden* ; If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married *Yes* (7) DATE OF BIRTH *March 24 1916*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Edwin Henry Halden*

(9) PRESENT POSTOFFICE OF FATHER *Stevendale S C*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28* (Years)

(12) BIRTHPLACE *part of* *part of* *part of*

(13) OCCUPATION *farmer*

(20) Number of children born to mother, including present birth *8*

MOTHER.

(14) NAME BEFORE MARRIAGE *Minnie Jane Harmon*

(15) PRESENT POSTOFFICE OF MOTHER *Stevendale S C*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *38* (Years)

(18) BIRTHPLACE *part of* *part of* *part of*

(19) OCCUPATION *housewife*

(21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *2* *am* on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) *Melle Ann A. Smith M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Stevendale S C*

Given name added from a supplemental report

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

(27) File No. *53831* (28) *C. T. Parker* 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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WHEN PRINTED WITH KINEALINE INK—THIS IS A PERMANENT RECORD.  
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.  
M. I. McCaw, of Columbia.