

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of Charleston (No. 3 St Margaret)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registration

6124

Registration District No. 9 A

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Mary S. Carrier

If child is not yet named, give supplemental report as required

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 22 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Nicola Carrier</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>
(10) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Providence R.I.</u>
(13) OCCUPATION <u>Machineist</u>
(14) Number of children born to mother, including present birth <u>First</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Anna Augusta Wooten</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>
(16) COLOR OR RACE <u>White</u>
(17) AGE AT LAST BIRTHDAY <u>32</u>
(18) BIRTHPLACE <u>Charleston, S.C.</u>
(19) OCCUPATION <u>Wife</u>
(20) Number of children of this mother now living, including present birth <u>First</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 12 A on the date above stated. (Hour of Day of P.M.)

(23) (Signature) <u>Hypouleson</u>	(24) Address of Physician or Midwife <u>Charleston S.C.</u>
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Given name added from a supplemental report

June 20 1923
James S. Carrier
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed <u>7 2 1923</u> at <u>Meade's Law 19</u>

When there was no attending physician or midwife, then the father, householder, etc., should make this report as soon as a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Fifth month of pregnancy.