

## (1) PLACE OF BIRTH

County of AndersonTownship of Savor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 311

File No. - For State Registrar Only

9942

Registered No. 31  
(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.)

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

(2) Full Name of Child Carl Lewis Norris(7) DATE OF BIRTH April 8 1932  
(Name of Month) (Day) (Year)(3) BOY OR GIRL Boy(4) Twin or Triplet? No  
To be answered only in event of Twin or Triplet(6) Are Parents Married? Yes

## MOTHER.

(8) FATHER.  
(9) FULL NAME Carl Norris(10) PRESENT POSTOFFICE OF FATHER Starke S.C.(11) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36  
(Years)(12) BIRTHPLACE A.C.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Ila Smith(15) PRESENT POSTOFFICE OF MOTHER Starke S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House Keeper(20) 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 live at 10 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Smith(24) State whether Midwife(25) Address of Physician or Midwife Fairplay S.C.

Given name added from a supplemental report

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

(27) Filed May 1 1932 (28) L. A. Todd 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.