

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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 Registrar Only

45140

Registration District No. 108

Registered No. 5

(For use of Local Registrar)

St.; Ward

Registrar Only

Local Registrar

Ward

Number

Signed, make
is directed2 6
Day) (Year)

Matheson

86.

18
(Years)

86.

1

10 A.M.,
M. or P. M.)or Midwife
86.

vel

Local Registrar

s return. If
before the

Before the

(2) Full Name of Child

A. B. Carr

If child is not yet named, make
supplemental report as directed(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth

(To be answered only in event of Twins or Triplets)

(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

A. B. Carr

(9) PRESENT
POSTOFFICE
OF FATHER

Savannah, Ga.

(10) COLOR
OR
RACE

black

(11) AGE AT LAST
BIRTHDAY

(Years)

24

(12) BIRTHPLACE

Abbeville Co.

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE
MARRIAGE

Marion T. Tabor

(15) PRESENT
POSTOFFICE
OF MOTHER

Savannah, Ga.

(16) COLOR
OR
RACE

black

(17) AGE AT LAST
BIRTHDAY

(Years)

23

(18) BIRTHPLACE

Savannah, Ga.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 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

Given name added from a supplement-
tal report

191....

Registrar

(26) Witness

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

(27) Filed

191....

(28)

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.