

In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Laramie
 Township of Laramie
 Inc. Town of _____
 City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
35255

Registration District No. 2904
 Registered No. 127
 (For use of Local Registrar)

(2) Full Name of Child John Carroll Corbin
 If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be marked only in case of twins or triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 6 22</u> <small>(Name of Month) (Day) (Year)</small>
FATHER		MOTHER		
(8) FULL NAME <u>Walter Corbin</u>		(14) NAME BEFORE MARRIAGE <u>Etta Edwards</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Watts mill</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Watts mill</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Granville Co</u>		(18) BIRTHPLACE <u>Portsmouth</u>		
(13) OCCUPATION <u>Mill Operator</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at _____ M., on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) Signature Walter Corbin
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Laramie

Given name added from a supplemental report _____

(26) Witness _____
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 22 1911 (28) L. S. Bishop
 Registrar 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.

Registrar _____ 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.