

(1) PLACE OF BIRTH

County of AndersonTownship of B. Belton

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 300

File No. - For State Registrar Only

3849-Registered No. 164
(For use of Local Registrar)

(No. 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 Sam Wean

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

(3) SEX OF CHILD
Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Dec 27 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry D. Carr(9) PRESENT POSTOFFICE OF FATHER Belton R.D.(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE Belton R.D.(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Phillips(15) PRESENT POSTOFFICE OF MOTHER Belton S.C.(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE Anderson Co.(19) OCCUPATION house wife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 4 P.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) H. R. Haynie M.D.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed Jan 2 1924(27) J. P. Ocker Local Registrar

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