

Form No. 1. THE OTHER, No. 2, etc., in question 1.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.
 Form No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Mecklenburg
 Township of Dayton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4199

Registration District No. 2.577 Registered No. 1.1
 (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 Rock Carrall If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet (5) Number in order of birth (6) Age Parents Married 1.23 (7) DATE OF BIRTH FEB 5 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Carrall

(9) PRESENT POSTOFFICE OF FATHER Rt 1 Box 27

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Year)

(12) BIRTHPLACE North

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Rosie Rabier

(15) PRESENT POSTOFFICE OF MOTHER Rt 1 Box 27

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Year)

(18) BIRTHPLACE North

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A.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 supplemental report

(26) Witness

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

(27) Date Feb 24 1923

(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.