

File No.—For State Registrar Only

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Registered No. 60  
(For use of Local Registrar)

Registration District No. 3008

(No. .... 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

(7) DATE OF BIRTH Sept 17, 1922  
(Name of Month) (Day) (Year)

**MOTHER**

(14) NAME BEFORE MARRIAGE *Carrie Sue Bess*

(15) PRESENT POSTOFFICE OF MOTHER *Bushnell SC NC*

(15) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY..... *20* (Years)

(18) BIRTHPLACE  
FL CO SC

(19) OCCUPATION  
domestic

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lebbie Grinnon

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness .....

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

(27) Filed 10/10/10 10 (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.