Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
65874

(1) PLACE OF BIRTH

County of Orangeburg

Township of Middle

or

Inc. Town of ..... Registration District No. 362 Registered No. 61
(For use of Local Registrar)

or

City of ..... (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. Julius Carson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (To be answered only in case of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 23, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isac Carson

(9) PRESENT POSTOFFICE OF FATHER Bowman S.C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 50 (Years)

(12) BIRTHPLACE Orangeburg Co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 11

MOTHER

(14) NAME BEFORE MARRIAGE Mary Rines

(15) PRESENT POSTOFFICE OF MOTHER Bowman S.C.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Orangeburg Co. S.C.

(19) OCCUPATION home wife

(21) Number of children of this mother now living, including present birth { 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 a M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth Berry

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Bowman S.C.

Given name added from a supplemental report

....., 191....

.....
Registrar

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

(27) Filed July 1 1916. (28) W. H. Duker
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.

McCaw, of Columbia

WRITE PLAINLY. WHEN ONE ASTERISK, LINE, CIRCLE IN A REPRESENTATIVE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

N. B.—In case of TWINS OR TRIPLETS use a REPRESENTATIVE BLANK for each child, and mark the