

## (1) PLACE OF BIRTH

County of YorkTownship of Broad River

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

6115

Registration District No. 4002Registered No. 10  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

BIRTH Jan 1 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ernie Carroll(9) PRESENT POSTOFFICE OF FATHER Wickory Grove(10) COLOR OR RACE col(11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE York(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Thompson(15) PRESENT POSTOFFICE OF MOTHER Wickory Grove(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE York Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was B. alive at 2 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. H. Miller M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Adrian

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by attk)(27) Filed 3/2/22

(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.

N. B.—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.