

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cherokee
 or
 Loc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16710

Registration District No. 40020 Registered No. 64
 (For use of Local Registrar)

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 May Carson (If child is not yet named, make supplemental report as directed)

(3) SEX OF GIRL? Yes (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 6, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred Carson
 (9) PRESENT POSTOFFICE OF FATHER Cherokee SCRI
 (10) COLOR OF RACE Colored (11) AGE AT LAST BIRTHDAY 21
 (Years)
 (12) BIRTHPLACE Spartanburg County
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ada Mills
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee SCRI
 (16) COLOR OR RACE ed (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE Spartanburg Co.
 (19) OCCUPATION House Keeping
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour 9 at P.M. or P.M.)
 on the date above stated.

(23) (Signature) Hattie Clement(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cherokee SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/1

1922 (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.

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