

(1) PLACE OF BIRTH

County of SumnerTownship of 11or  
Inc. Town ofor  
City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only —

77319

Registration District No. 2209Registered No. 475

(For use of Local Registrar)

(2) Full Name of Child George Edward McCarson

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

(3) BORN OR <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Sept - 5 - 1906</u> (Name of Month) (Day) (Year)
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## FATHER.

(9) FULL NAME Doctor Franklin McCarson(10) PRESENT POSTOFFICE OF FATHER Bronson Mill 10 Smith St(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 30 (Years)(13) BIRTHPLACE Andersomville N.C.(14) OCCUPATION Weaver, Cotton Mill(15) Number of children born to mother, including present birth 4

## MOTHER.

(16) NAME BEFORE MARRIAGE Barby Effie Meelton(17) PRESENT POSTOFFICE OF MOTHER #9(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 24 (Years)(20) BIRTHPLACE N.C.(21) OCCUPATION Housekeeper(22) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(23) I hereby certify that I attended the birth of this child, who was Alive at 3:35 a.m. (Hour A. M. or P. M.) on the date above stated.(24) (Signature) J. M. Wallace (25) Address of Physician or Midwife Physician Bureau

Given name added from a supplemental report

191...

191...

Registrar

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

(27) Filed Oct 5 1906 (28) A. N. Mackay 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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FORM NO. 1  
MAY 1906  
N. C.—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.

Mr. Caryl of Columbia.

K S. A F E T Y A F