

(1) PLACE OF BIRTH

County of Orangeburg
Township of Hebron

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31661

Inc. Town of Registration District No. 3608 Registered No. 67
(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 Boris Carson If child is not yet named, make supplemental report as directed3) SEX Male (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Age 4 1/2 (7) DATE OF BIRTH Sept. 6, 55
(Name, Month, Day, Year)

FATHER

8) FULL NAME Kirkland Carson9) PRESENT POSTOFFICE OF FATHER Neeses, SC10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)12) BIRTHPLACE SC13) OCCUPATION Farmer14) Number of children born to father, including present birth 7

MOTHER

14) NAME BEFORE MARRIAGE Grace Young15) PRESENT POSTOFFICE OF MOTHER Neeses, SC16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)18) BIRTHPLACE SC19) OCCUPATION Housewife20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was born alive at 12 N on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) C. W. Morrison M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Norway, SC

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 Sept 28, 1955 (28) W. J. Livingston 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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