

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY. WITH LEADING INK—THIS IS A PERMANENT RECORD  
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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenwood</u>		STATE OF SOUTH CAROLINA		18920	
Township of <u>Brooks</u>		Bureau of Vital Statistics			
OR		State Board of Health			
Inc. Town of .....		Registration District No. <u>2301</u>		Registered No. <u>14</u>	
OR				(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 <u>John Paul Carroll</u>				If child is not yet named, make supplemental report as directed	
3) BOY OR GIRL? <u>boy</u>		4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>		5) Number in order of birth	
				6) Are Parents Married? <u>yes</u>	
				7) DATE OF BIRTH <u>June 1, 1892</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
8) FULL NAME <u>Isaac Carroll</u>			14) NAME BEFORE MARRIAGE <u>Ada Robinson</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Spurth</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Spurth</u>		
10) COLOR OR RACE <u>Black</u>			11) AGE AT LAST BIRTHDAY <u>28</u>		
			(Years)		
12) BIRTHPLACE <u>Greenwood Co.</u>			16) COLOR OR RACE <u>Black</u>		
			17) AGE AT LAST BIRTHDAY <u>25</u>		
			(Years)		
13) OCCUPATION <u>Farmer</u>			18) BIRTHPLACE <u>Greenwood Co.</u>		
			19) OCCUPATION <u>Farmer</u>		
20) Number of children born to mother, including present birth <u>4</u>			21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4 P.M.</u> on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.)					
(23) (Signature) <u>Anna Andrews</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Phys. or Midwife <u>Spurth</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... is Registrar			(27) Filed <u>June 11, 1892</u> <u>A. P. King</u> 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.