

(1) PLACE OF BIRTH

County of Florside
 Township of Math
 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

3875

Registration District No. 2-12 Registered No. 8
 (For use of Local Registrar)

(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 Carlora Mc Ladden If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 4 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Mc Ladden

(9) PRESENT POSTOFFICE OF FATHER Atlanta

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 21
 (Year)

(12) BIRTHPLACE Georgia

(13) OCCUPATION Public Work

(14) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Genevieve Mc Ladden

(15) PRESENT POSTOFFICE OF MOTHER Atlanta

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 21
 (Year)

(18) BIRTHPLACE Georgia

(19) OCCUPATION house keeping

(20) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Mary R. Laine (23) Address of Physician or Midwife Atlanta, Ga.

(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed 1923 (27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make the report. If a child breathes even once, it must not be reported as stillborn. No report is required of stillborn before the fifth month of pregnancy.

MADE IN THE UNITED STATES OF AMERICA. PRINTED AT THE BUREAU OF VITAL STATISTICS, WASHINGTON, D. C. 20540. No. 1. THIS FORM IS FOR THE USE OF THE LOCAL REGISTRAR. IT IS NOT TO BE USED FOR THE STATE REGISTRAR. IT IS NOT TO BE USED FOR THE STATE REGISTRAR. IT IS NOT TO BE USED FOR THE STATE REGISTRAR.