

16 092851

1. PLACE OF BIRTH **Standard Certificate of Birth**  
 County of Aiken STATE OF SOUTH CAROLINA  
 Township of Tabernacle Bureau of Vital Statistics  
 or State Board of Health  
 Inc. Town of \_\_\_\_\_ Registration District No. 201 Registered No. \_\_\_\_\_  
 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)

FILE No.—For State Registrar Only  
 00223

2. FULL NAME OF CHILD John Colman (Carmichael) (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy If Plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents Married yes 8. Date of birth Apr. 17, 1942  
 (Month, day, year)

9. Full name James Laurencey FATHER 10. Full maiden name Alice Lucy MOTHER

11. Residence (usual place of abode) Ketchups Mill (If non-resident, give place and State) 12. Residence (usual place of abode) Ketchups Mill (If non-resident, give place and State)

13. Color or race W 14. Age at last birthday 26 (Years) 15. Color or race W 16. Age at last birthday 24 (Years)

17. Birthplace (city or place) J.C. (State or country) 18. Birthplace (city or place) J.C. (State or country)

19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

23. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_ 24. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, } months } 29. Cause of stillbirth \_\_\_\_\_ } Before labor  
 period of gestation \_\_\_\_\_ } weeks } } During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 p.m. on the date above stated.  
 (Born alive or stillborn)

{ When there was no attending physician }  
 { or midwife, then the father, householder, }  
 { etc., should make this return. }

(Signed) J. H. Rodie, M.D.

or \_\_\_\_\_ Midwife

Address Wagener St.

Filed May 19, 1942 M.B. Woodward, M.D.

Given name added from \_\_\_\_\_  
 a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)