

## (1) PLACE OF BIRTH

County of Abbeville  
 Township of Long Cane

or  
 Inc. Town of ..... Registration District No. 107 Registered No. 32  
 or  
 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 James Carroll Carwile } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? / (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 19 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Robert Hawkins Carwile.

9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

12) BIRTHPLACE

Abbeville Co.

13) OCCUPATION

Farmer

20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Alice Julia Temple

(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE

Hart Co. Ga.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. C. Gambrell, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 July 21 1922 (28) E. H. Miller 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 1-1917, No. 1. THE OTHER, No. 2, etc. in question 5.