

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Holly HillInc. Town of Holly HillCity of Holly Hill

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18725

Registration District No. 3609 Registered No. 71  
(For use of Local Registrar)(No. 86 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ana Lewis Carson If child is not yet named, make supplemental report as directed

|                      |                        |                                 |                               |  |
|----------------------|------------------------|---------------------------------|-------------------------------|--|
| (3) SEX OR<br>GROWTH | (4) Twin<br>or Triplet | (5) Number in<br>order of birth | (6) Are<br>Parents<br>Married | (7) DATE OF<br>BIRTH                       |
| Girl                 |                        |                                 | Yes                           | June 13 23<br>(Name of Month) (Day) (Year) |

| FATHER   |   |                          | MOTHER                       |   |                          |
|--|---|--------------------------|------------------------------|---|--------------------------|
| (8) FULL<br>NAME   | (9) PRESENT<br>POSTOFFICE<br>OF FATHER  | (10) COLOR<br>OR<br>RACE | (14) NAME BEFORE<br>MARRIAGE | (15) PRESENT<br>POSTOFFICE<br>OF MOTHER | (16) COLOR<br>OR<br>RACE |
| P. Gordon Carson   | Holly Hill S.C.   | White                    | Ellen Hunter                 | Holly Hill S.C.                         | White                    |
| (11) AGE AT LAST<br>BIRTHDAY                                       | (12) BIRTHPLACE   | (13) OCCUPATION          | (17) AGE AT LAST<br>BIRTHDAY | (18) BIRTHPLACE                         | (19) OCCUPATION          |
| 34   | S.C.  | Merchant                 | 27                           | S.C.                                    | Housewife                |
| (20) Number of children born to<br>mother, including present birth | (21) Number of children of this mother<br>now living, including present birth |                          |                              |   |                          |
| 3  | 1   |                          |                              |   |                          |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) J. P. Carson Wells  
(24) State whether Physician or Midwife Physician (25) Address of Physician Holly Hill S.C.Given name added from a supplement-  
tal report(26) Witness (Signature of Witness necessary only  
when question 22 is signed by mark)(27) Filed July 2, 23 (28) H.M. Harrison  
Registrar Local RegistrarWhen 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