

WRITE PLAINLY, WITH UNFADING 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 3.

(1) PLACE OF BIRTH

County of Richmond

Township of

or
Inc. Town of

or
City of Columbia

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5028

Registration District No. 38

Registered No. 109

(For use of Local Registrar)

(No. 1413 Calhoun

St. Ward)

(2) Full Name of Child

Carnlin

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl

4) Twin or Triplet

5) Number in order of birth

To be answered only in case of Twin or Triplet

6) Are Parents Married? Yes

7) DATE OF

BIRTH Feb. 21 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Carlton Shipley Carnlin

9) PRESENT POSTOFFICE OF FATHER

Greenville

10) COLOR OR RACE W

11) AGE AT LAST BIRTHDAY

24
(Years)

12) BIRTHPLACE

S. C.

13) OCCUPATION

Clerk

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

1

MOTHER.

14) NAME BEFORE MARRIAGE

Clara R. Martin

15) PRESENT POSTOFFICE OF MOTHER

Greenville S. C.

16) COLOR OR RACE W

17) AGE AT LAST BIRTHDAY

11
(Years)

18) BIRTHPLACE

Greenville S. C.

19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

6/12/46

1923 Feb. 27 1923 (28) W. G. Sloan 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.