

(1) PLACE OF BIRTH

County of Rocky Mountain

Township of Western

or  
Inc. Town of

City of

(No. .... St.; .... Ward)  
(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

58382

Registration District No. 216 Registered No. 49

(For use of Local Registrar)

(2) Full Name of Child. Aces Carson { 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 April 17, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

#### FATHER.

(8) FULL NAME Buster Carson

(9) PRESENT POSTOFFICE OF FATHER Maguer

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Orangeburg

(13) OCCUPATION  farming

(16) Number of children born to mother, including present birth 6

#### MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Harris

(15) PRESENT POSTOFFICE OF MOTHER Maguer

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Acker

(19) OCCUPATION House Keeping

(21) Number of children of this mother now living, including present birth 6

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. Mary ...

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

Given name added from a supplemental report

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

(27) Filed Apr 19 1916 (28) W. J. ... 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.

FORM NO. 10. STATISTICS ASSUMED FOR BUSINESS PURPOSES. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND NUMBER IN ORDER OF BIRTH. IN CASE OF TWINNING OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND NUMBER IN ORDER OF BIRTH. IN CASE OF TWINNING OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND NUMBER IN ORDER OF BIRTH. IN CASE OF TWINNING OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND NUMBER IN ORDER OF BIRTH.