

(1) PLACE OF BIRTH

County of LeeTownship of Mt. GileadOR
Inc. Town of.....OR
City of.....

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

(2) Full Name of Child Carol Lynell Nesbitt

File No.—For State Registrar Only

31075

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2007 Registered No. 41

(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 16, 1922
(Name of Month) (Day) (Year)(8) FULL NAME Wm. Edward Nesbitt FATHER. (14) NAME BEFORE MARRIAGE Mark Price MOTHER.(9) PRESENT POSTOFFICE OF FATHER Elliot S.C. (15) PRESENT POSTOFFICE OF MOTHER Elliot S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Years) (Years)(12) BIRTHPLACE Sumter Co., S.C. (18) BIRTHPLACE Sumter Co., S.C.(13) OCCUPATION Farming (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 (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 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) B. L. Harris M.D., St. Charles S.C. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

19-20-41
W. E. Woodward
Registrar

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

(27) Filed Sept 20 22 (28) Paul L. Harris 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.