

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of Lower

or

Inc. Town of .....

or

City of .....

(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

Registration District No. 3803

File No. — For State Registrar Only

10010

Registered No. 160

(For use of Local Registrar)

(2) Full Name of Child Carrie Mowrie

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH June 10, 1923  
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Mowrie

(15) PRESENT POSTOFFICE OF MOTHER Congaree

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years) 38

(18) BIRTHPLACE SC

(19) OCCUPATION Laborer

(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature) Susan Wright

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

Midwife Congaree SC

Given name added from a supplemental report

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

(26) Filed J. P. GARICE

19 Registrar

\*When there was no attending physician or midwife, then the father, household head, 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.