

(1) PLACE OF BIRTH

County of Anderson
Township of Belton
or
Inc. Town of

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

Registration District No. 300 Registered No. 21
(For use of Local Registrar)

File No.—For State Registrar Only
2999

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Clarence Carr (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 24 1922
To be answered only in event of Twins or Triplets (Name of Month) (Year) (Year)

FATHER.

(8) FULL NAME George Carr

(9) PRESENT POSTOFFICE OF FATHER Belton S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Lovdensville S.C.

(13) OCCUPATION Oil mill Man

(22) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Rucker

(15) PRESENT POSTOFFICE OF MOTHER Belton S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Lovdensville S.C.

(19) OCCUPATION Hand

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Belton S.C. on the date above stated. (Hour of Day or P. M.)

(23) (Signature) Dinah S. Sheppard
(24) State whether Physician or Midwife Midwife or Midwife
Belton S.C.

Given name added from a supplemental report
affd 10/12/43
J. N. [unclear]
Registrar

(28) Witness J. S. H. (Signature of Witness necessary only if question 23 is signed by mark)
(27) Filed Feb. 28 1922 (25) Mrs. J. P. [unclear] 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.

ALWAYS WITH UNFADING INK—WRITE IN FULL—DO NOT WRITE IN PENCIL OR ERASE. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THEIR OTHERS, No. 2, etc., in question 5. MISSOURI, COLUMBIA, CALIFORNIA, N. C.