

(1) PLACE OF BIRTH

County of AndersonTownship of Beltonor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 300

File No.—For State Registrar Only

2999

Registered No. 21

(For use of Local Registrar)

(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(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF BIRTH Feb. 24, 22

(Name of Month) (Day) (Year)

FATHER.

(8) NAME

(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children born to
mother, including present birth(21) Number of children of this
mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2 A.M.
on the date above stated. (born alive or stillborn) (Hour of Day or P. M.)(23) (Signature) Dr. J. S. H.(24) State whether Physician or Midwife Physician or MidwifeGiven name added from a supplement-
tal report

(25) Witness

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

(27) Filed

(28) Feb. 28, 22 (29) Mr. J. S. H.
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.

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 5.

STATE OF SOUTH CAROLINA, Columbia, S. C.