

WHITE PLAINLY, WITH ENFADING INC.—THIS IS A PERMANENT RECORD.
N. B.—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.

MOGAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Deane
Township of Ingalos
or
Inc. Town of
or
City of Westminster
(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. 3502

File No.—For State Registrar Only
19616

Registered No. 97
(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 19, 1922</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Henry L. Carroll</u>	14) NAME BEFORE MARRIAGE <u>Eric Rain</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Westminster, S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>			
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
12) BIRTHPLACE <u>Georgia</u>	18) BIRTHPLACE <u>Deane</u>			
13) OCCUPATION <u>Cotton Mill Operator</u>	19) OCCUPATION <u>House wife</u>			
20) Number of children born to mother, including present birth <u>ninth</u>	21) Number of children of this mother now living, including present birth <u>Eight</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 9:20 M., on the date above stated. (Born alive or ~~stillborn~~) (Hour 9 or P. M.)

(23) (Signature) F. T. Simpson M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Westminster, S.C.

Given name added from a supplemental report

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

(27) Filed July 6, 1922 (28) 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.

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