

(1) PLACE OF BIRTH

County of *Anderson*Township of *Centerville*or
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20904

Registration District No. *3.0.3*Registered No. *44*
(For use of Local Registrar)

(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 *Nasme White Carson*If child is not yet named, make
supplemental report as directed(3) BOY OR
GIRL *girl*(4) Twin
or Triplet? *✓*(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? *yes*(7) DATE OF
BIRTH *July 4, 22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *Charles B. Carson*(9) PRESENT
POSTOFFICE
OF FATHER *Anderson S.C. R#3*(10) COLOR
OR
RACE *White* (11) AGE AT LAST
BIRTHDAY *28*
(Years)(12) BIRTHPLACE
William Co. Ga.(13) OCCUPATION
Farmer(20) Number of children born to
mother, including present birth *3*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Corinne Campbell*(15) PRESENT
POSTOFFICE
OF MOTHER *Anderson S.C. R#3*(16) COLOR
OR
RACE *White* (17) AGE AT LAST
BIRTHDAY *27*
(Years)(18) BIRTHPLACE
Anderson Co. S.C.(19) OCCUPATION
Housewife(21) Number of children of this mother
now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10:49* A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *H. R. Pruitt*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 19 (28) *4. Blount*
Local RegistrarWhen 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.