

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

(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 HealthRegistration District No. 22 A

File No.—For State Registrar Only

89993

Registered No. 504
(For use of Local Registrar)(2) Full Name of Child Johnnie Carr (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 10 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Heggie Carr</u>			(14) NAME BEFORE MARRIAGE <u>Carrie Curkiesie</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sullivan St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sullivan St</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Greenville S.C.</u>			(18) BIRTHPLACE <u>Greenville S.C.</u>	
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia X Smith

(24) State whether, Physician or Midwife

(25) Address of Physician or Midwife
Midwife 125 Douglas St

Given name added from a supplemental report

(26) Witness Grace C. Salmons
(Signature of Witness necessary only when question 25 is signed by mark)(27) Filed Jan 1 1917 (28) C. E. Smith 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark in
PRINT-BORN. No 1. THE OTHER, No 2, etc. In question 5