

FORM NO. 1.

(1) PLACE OF BIRTH

County of CalhounTownship of Pine GroveInc. Town of Long Stare

City of

(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

File No.—For State Registrar Only

48265

Registration District No. 803 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child Charley Loryea Carr

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 9</u>
				(8) (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME <u>Sidney Carr</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>
(10) PRESENT POSTOFFICE OF FATHER <u>Ft. Motte</u>	(12) BIRTHPLACE <u>Ft. Motte SC</u>
(13) OCCUPATION <u>Wages</u>	(14) Number of children born to mother, including present birth <u>Four</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Mary Flood</u>	(16) COLOR OR RACE <u>Black</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Ft. Motte</u>	(17) AGE AT LAST BIRTHDAY <u>32</u>
(18) BIRTHPLACE <u>Ft. Motte SC</u>	(19) OCCUPATION <u>Housewife</u>
(21) Number of children of this mother now living, including present birth <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 7 (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) E. Anna Pelgey

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 18 1916 (28) J. D. St. Louis 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.

MARGIN RESERVED FOR BINDING.

WHILE PLAINLY, WITH UNFADING INK—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.

McCaw, of Columbia.