

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

41643**(1) PLACE OF BIRTH**

County of Chesterfield
 Township of Cole Hill
 or
 Inc. Town of
 or
 City of

Registration District No. 1202 Registered No. 69
 (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 Murdeen Carpenter (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 10th 1922
(Name of Month) (Day) (Year)

FATHER.(8) FULL NAME Walter Carpenter(9) PRESENT POSTOFFICE OF FATHER Chesterfield S.C.R. 3(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Molbro Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 8**MOTHER.**(14) NAME BEFORE MARRIAGE Anna May Butler(15) PRESENT POSTOFFICE OF MOTHER Chesterfield S.C.R. 3(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE Molbro Co. S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 6**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive 11:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Ellen Douglass (24) Address of Physician or Midwife Chesterfield S.C.R. 3

(25) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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(26) Witness Anna J. Douglass

(Signature of Witness necessary only when certificate is signed by mark)

(27) Local Registrar J. P. Davis

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