

MARGIN RESERVED FOR BINDING.

WHITE 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 make the PRINT-ROUTIN, No. 1, THE OTHER, No. 2, etc. in question 2.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Chas. S.C.

Township of

or

Inc. Town of

or

City of Chas. S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert William Carson (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
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 5-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Carson

(9) PRESENT POSTOFFICE OF FATHER Chas. S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 38 (Year)

(12) BIRTHPLACE Summerville S.C.

(13) OCCUPATION Janitor

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Mack

(15) PRESENT POSTOFFICE OF MOTHER Chas. S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 29 (Year)

(18) BIRTHPLACE Aiken S.C.

(19) OCCUPATION Nurse

(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 White (Born alive or stillborn) (Hour, M., or P. M.) 1:00 A.M. on the date above stated.

(23) (Signature) Alice Bryan

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 15 Short St.

Given name added from a supplemental report

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

(27) Filed 1/9 19 22 (28) J. Morris Green Jr. 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3447

Registration District No. 9A Registered No. 296

(For use of Local Registrar)

(No. 84 1/2 Kentworth St.; Ward)