

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Seldon
 Township of
 OR
 Inc. Town of Seldon
 OR
 City of

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

File No.—For State Registrar Only
18371

Registration District No. 16-A Registered No. 27
 (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 Engine 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1 / 6 / 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME David Carson
 (9) PRESENT POSTOFFICE OF FATHER Seldon S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Seldon S.C.
 (13) OCCUPATION Public work
 (20) Number of children born to mother, including present birth 8

MOTHER.
 (14) NAME BEFORE MARRIAGE Lizzie Seigler
 (15) PRESENT POSTOFFICE OF MOTHER Seldon S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Seldon S.C.
 (19) OCCUPATION Home work
 (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 at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carolina B. B. B.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Seldon S.C.

Given name added from a supplemental report

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

(27) Filed 6/27 1922 (28) B. B. B. 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.