

WRITE 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.

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| (1) PLACE OF BIRTH County of <u>Wheeler</u> Township of <u>Windsor</u> or Inc. Town of <u>Windsor</u> or City of <u>Windsor</u> (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 62894 | |
| (2) Full Name of Child <u>Carl Eugene</u> | | Registration District No. <u>215</u> | | Registered No. (For use of Local Registrar) | |
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>6</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>June 22, 1916</u> (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Frank Currie</u> | | | (14) NAME BEFORE MARRIAGE <u>Effie Johnson</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Windsor S.C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Windsor</u> | | |
| (10) COLOR OR RACE <u>White</u> | | | (16) COLOR OR RACE <u>White</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>38</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>29</u> (Years) | | |
| (12) BIRTHPLACE <u>Aiken Co</u> | | | (18) BIRTHPLACE <u>Aiken Co</u> | | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>House wife</u> | | |
| (20) Number of children born to mother, including present birth <u>6</u> | | | (21) Number of children of this mother now living, including present birth <u>5</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7</u> M., on the date above stated. (23) (Signature) <u>J. R. Smith</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Windsor</u> | | | | | |
| Given name added from a supplemental report <u>Not 11, 1916</u> <u>Chas. Smith</u> 19... <u>June 30</u> Registrar | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>J. R. Smith</u> (27) Filed <u>June 30</u> 19 <u>16</u> (28) <u>J. R. Smith</u> Local Registrar. | | |
| When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy. | | | | | |

O. L. Weeks