

Form No. 1

(1) PLACE OF BIRTH

County of AllenTownship of Harewood

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29937

Registration District No. 1602Registered No. 104
(For use of Local Registrar)

(2) Full Name of Child

Edward Carmichael

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Sept 6, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Carmichael(9) PRESENT POSTOFFICE OF FATHER Little Rock, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27

(Years)

(12) BIRTHPLACE IL(13) OCCUPATION None(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Hessie Carmichael(15) PRESENT POSTOFFICE OF MOTHER Little Rock, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23

(Years)

(18) BIRTHPLACE IL(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Little Rock, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret McNeely

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Little Rock, 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 Sept 15, 22(28) 187

(29) 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.