

(1) PLACE OF BIRTH

County of YorkTownship of Carlisleor
Inc. Town ofor
City of Carlisle

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

(2) Full Name of Child Carlene Carlisle

File No.—For State Registrar Only

8279

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3006 Registered No. 22
(For use of Local Registrar)

St. _____ Ward _____

(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 one (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 16, 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carlisle Carlisle(9) PRESENT POSTOFFICE OF FATHER Carlisle S.C.(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE York S.C.(13) OCCUPATION Hammering(14) NAME BEFORE MARRIAGE Hettie Wilson(15) PRESENT POSTOFFICE OF MOTHER Carlisle S.C.(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House Wife(20) Number of children of this mother now living, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hettie Wilson(15) PRESENT POSTOFFICE OF MOTHER Carlisle S.C.(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House Wife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Ellen Brown(24) State whether Physician or Midwife midwife (25) Address of Physic. or Midwife Carlisle 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 Feb 27 1932 (28) Carlisle S.C. 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.