

(1) PLACE OF BIRTH

County of BulletinTownship of Warrenor
Inc. Town ofor
City of

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

(2) Full Name of Child Caroline Pitts

File No.—For State Registrar Only

41889

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1410Registered No. 112
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>9</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>October 10, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Leroy Pitts(9) PRESENT POSTOFFICE OF FATHER Smocks S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Orangeburg County S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Cirilla Robertson(15) PRESENT POSTOFFICE OF MOTHER Smocks S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Smocks S.C.(19) OCCUPATION Housewife(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 alive at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour ~~am~~ or P. M.)(23) (Signature) E. S. Thompson(24) State whether Physician or Midwife physician (25) Address of Physician or Midwife Smocks 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 Jan 3 1923 (28) Mattie Kinsey 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.

W. M.—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 5. REGISTER OF COLUMBIA, COLUMBIA, S. C.