

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

48016

Township of

or
Inc. Town of Hanna PathRegistration District No. 307 Registered No. 27

or

(For use of Local Registrar)

City of See local 2A 11 38

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 Frank Marion Carson

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>2nd</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 21, 1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME M M Carson(6) PRESENT POSTOFFICE OF FATHER Hanna Path 30(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Anderson Co(13) OCCUPATION mill operator(30) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE Carolee Harris(15) PRESENT POSTOFFICE OF MOTHER Hanna Path 30(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Anderson Co(19) OCCUPATION domestic(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Babb

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Hanna Path

Given name added from supplemental report

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

(27) Filed Feb 22 1916 (28) J. A. Williams 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.

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FORM NO. 4.
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.