

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 4.  
 Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b>		File No.—For State Registrar Use	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		40395	
Township of <u>Walter</u>		Bureau of Vital Statistics			
or Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>2.1.0.</u>		Registered No. <u>34</u>	
(No. .... St. .... Ward)				(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Willie Carlinton</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Type or Trade <u>-</u>	(5) Number in order of birth <u>1</u>	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>Dec 29 1923</u>	
To be covered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Carlinton</u>			(14) NAME BEFORE MARRIAGE <u>Simon Withrow</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Georgetown</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Georgetown</u>		
(10) COLOR OR RACE <u>Caucasian</u>			(16) COLOR OR RACE <u>Caucasian</u>		
(11) AGE AT LAST BIRTHDAY <u>not given</u>			(17) AGE AT LAST BIRTHDAY <u>not given</u>		
(12) BIRTHPLACE <u>Georgetown County</u>			(18) BIRTHPLACE <u>Georgetown County</u>		
(13) OCCUPATION <u>Carriage Driver</u>			(19) OCCUPATION <u>None</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>White</u> at <u>4</u> M. on the date above stated. (Born alive or stillborn) <u>Yes</u> A. M. or P. M.)					
(23) (Signature) <u>Elvis Hoskins</u>			(24) Address of Physician or Midwife <u>Sanitex</u>		
(24) State whether Physician or Midwife			(25) Address of Physician or Midwife		
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by Mark)		
19 <u>1923</u> Registrar			(27) Filed <u>Dec 29 1923</u> (28) <u>Ed. H. ...</u>		

\*When there was no attending physician or midwife, then the father, householder, or other person present at the birth, if a child breathes even once, it must not be reported as stillborn. The report must be made before the fifth month of pregnancy.