

County of Madison  
Township of Gregg  
or  
Inc. Town of .....  
or  
City of Warrenville, Ill.

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

20692

Registration District No. 207 Registered No. 109  
(For use of Local Registrar)

City of Worcester, D.C. (No. .... 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 Carl E. Stone If child is not yet named, make supplemental report as directed

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

(8) FULL NAME Carl Edward Stone

(9) PRESENT POSTOFFICE OF FATHER Graniteville, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Oikere Co

(13) OCCUPATION Cotton mill

(20) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Maggie Barton

(15) PRESENT POSTOFFICE OF MOTHER Grandville, Mo

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY..... 28.....  
(Years)

(18) BIRTHPLACE Osborne Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was... alive ... at ... 9 ... M.,  
on the date above stated. (Born alive or stillborn) - (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(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)

(27) Filed July 31 19 44 (28) Local Registrar.

\*When there was no attending physician or midwife, than 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.