

(1) PLACE OF BIRTH

County of Anderson
 Township of Valerius
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 19863 For State Registrar

Registration District No. 313 Registered No. 27
 (For use of Local Registrar)

City of AKITREAS (No. AKITREAS St. AKITREAS Ward AKITREAS)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wm. Calm Carothers If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin or Triplet ✓ (5) Number in order of birth 4th (6) Are Parents Married Yes (7) DATE OF BIRTH Apr 13 1923
 (Name of Month) (Day) (Year)

FATHER. Wm. Carothers

(8) FULL NAME Wm. Carothers

(9) PRESENT POSTOFFICE OF FATHER Anderson Or

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 75
 (Year)

(12) BIRTHPLACE Charlotte NC

(13) OCCUPATION Miller Or

(14) Number of children born to mother, including present birth 1

MOTHER. Estel Manning

(14) NAME BEFORE MARRIAGE Estel Manning

(15) PRESENT POSTOFFICE OF MOTHER And. Or

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23
 (Year)

(18) BIRTHPLACE Ashville Co

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. H. Watson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson 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

Aug 28 1923 (28) E. C. L. Wood
 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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