

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4646

Registration District No. 2601

Registered No. 11
(For use of Local Registrar)

(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

Josephine Carr

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Jan 22 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Warren Carr

(9) PRESENT POSTOFFICE OF FATHER

Pinebluff S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

48

(Years)

(12) BIRTHPLACE

Pinebluff S.C.

(13) OCCUPATION

Farmer

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

13

MOTHER.

(14) NAME BEFORE MARRIAGE

Martha Jones

(15) PRESENT POSTOFFICE OF MOTHER

Pinebluff S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

Pinebluff S.C.

(19) OCCUPATION

House work

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

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... at 12 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Grace Garrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Pinebluff 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

Feb 8 1922

(28) 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.