

## (1) PLACE OF BIRTH

County of CandersonTownship of .....  
or  
Inc. Town of WilliamstonCity of ..... (No. .... St. .... Ward) .....  
(If birth occurs in a hospital, enter name of hospital instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthNo. 11.—For State Registrar Only  
**5775**Registration District No. 3-C Registered No. 32 .....  
(For use of Local Registrar)(2) Full Name of Child Carson Cannon Attaway If child is not yet named, make supplemental report as directed(3) SEX OR  
SEX Boy (4) Twin  
or Triplet  
To be covered only in event of Twin or Triplet (5) Number in  
order of birth 1 (6) Age  
at birth yo (7) DATE OF  
BIRTH March 1923  
(Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Charley Cannon Attaway(9) PRESENT  
RESIDENCE  
OF FATHER Williamston, S.C.(10) COLOR  
OR  
RACE White (11) AGE AT LAST  
BIRTHDAY 28  
(Year)(12) BIRTHPLACE  
Williamston, S.C.(13) OCCUPATION  
Mill worker(14) Number of children born to  
mother, including present birth (2) 2

## MOTHER.

(15) NAME BEFORE  
MARRIAGE Miss Louise  
Harris Carson(16) PRESENT  
RESIDENCE  
OF MOTHER Williamston, S.C.(17) COLOR  
OR  
RACE White (18) AGE AT LAST  
BIRTHDAY 26  
(Year)(19) BIRTHPLACE  
Williamston, S.C.(20) OCCUPATION  
Housewife(21) Number of children of this mother  
now living, including present birth (2) 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Williamston, S.C.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. A. R. Taylor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
al report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 4/17/23 (28) Williamston  
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.

MARGIN REMAINS: NO PINK BINDING. WRITE PLAINLY. WITH UNPAPERED BIRTH—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. See back of PINK-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.