

(1) PLACE OF BIRTH

County of

Pickens

Township of

or

Inc. Town of

or

City of

Easley

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16325

Registration District No.

27-7

Registered No.

69

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

*May 1**1922*

(Name & Month) (Day) (Year)

FATHER

(8) FULL NAME

W. Ralph Carman

(9) PRESENT POSTOFFICE OF FATHER

Easley

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Textile work

MOTHER

(14) NAME BEFORE MARRIAGE

Carmie My Bracken

(15) PRESENT POSTOFFICE OF MOTHER

Easley

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Domestic

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *2* a *M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. P. Bolt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Easley*

Given name added from a supplemental report

101

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed

June 1, 1922

(28)

E. J. Wyatt

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.

before the fifth month of pregnancy.

McCauley of Columbia. FIRST-BORN. No. 1. THIS OFFICIAL, No. 2, etc., in question 3, use a SEPARATE BLANK for each child, and mark the