

(1) PLACE OF BIRTH

County of Newberry

Township of

OR
Inc. Town ofOR
City of Newberry

(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

29417

Registration District No. 140-RRegistered No. 133
(For use of Local Registrar)(2) Full Name of Child Paul Hamilton Carson

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 Sept 26 1923
(Month) (Day) (Year)(8) FULL NAME Luther Edford Cousner(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.(10) COLOR OR RACE Wht (11) AGE AT LAST BIRTHDAY 26
(Year)(12) BIRTHPLACE Newberry S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth one(14) NAME BEFORE MARRIAGE Annie Sarah Pitts(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE Wht (17) AGE AT LAST BIRTHDAY 19
(Year)(18) BIRTHPLACE Solida Co.(19) OCCUPATION Wok.(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3:20 A.M.,
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) R. L. Mayes(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Newberry S.C.

(Given name added from a supplemental report)

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

(27) 1 1923 (28) S. Cunningham 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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