

(1) PLACE OF BIRTH

County of Chester

Township of .....

Inc. Town of .....

City of Chester

(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

59160

Registration District No. 110A Registered No. 41

(For use of Local Registrar)

(2) Full Name of Child Edward Wesley Carnes { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>yes</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr. 14 1916</u>
<small>To be answered only in case of Twins or Triplets</small>			<small>(Name of Month) (Day) (Year)</small>	

#### FATHER.

#### MOTHER.

(8) FULL NAME Edward Walter Carnes

(14) NAME BEFORE MARRIAGE Sallie Marie Culp

(9) PRESENT POSTOFFICE OF FATHER Chester, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Chester S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Haverester S.C.

(18) BIRTHPLACE Chester, S.C.

(13) OCCUPATION Emp. Springstein vice.

(19) OCCUPATION Employee vice.

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

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

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 4:45 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester 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 [Signature] (28) [Signature] 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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WRITE LEGIBLY, WITH LEADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FINGER-RING, No. 4, THE OTHER, No. 2, etc., in question 8.