

Form No. 1

## (1) PLACE OF BIRTH

County of ArwingsburgTownship of Arwingsburgor  
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

44166

Registration District No. 26A Registered No. 13

(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 Charlie Carson Jr If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Dec 11, 28</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Charlie Carson(9) PRESENT POSTOFFICE OF FATHER Arwingsburg(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE Arwingsburg, S.C.(13) OCCUPATION Mill Hand(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Sid Trank(15) PRESENT POSTOFFICE OF MOTHER Arwingsburg(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE Arwingsburg(19) OCCUPATION Washer Woman(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 59 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) L. H. Cain

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Arwingsburg

(Given name added from a supplemental report)

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

(26) Signed Feb 6, 1924 (27) W. H. Duke  
Registrar Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.