

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Orangeburg
 or
 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

35990

Registration District No. 3.6.13 Registered No. 136
 (For use of Local Registrar)

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

(2) Full Name of Child George Carmichael (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 13 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jimmie Carmichael
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
 (12) BIRTHPLACE Orangeburg S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Carmichael
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE Orangeburg S.C.
 (19) OCCUPATION Laundress

(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 3 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lana H. Hannon (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg 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 Oct 19 22 (28) L. L. Hannon 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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.