

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenwood  
 Township of Waltham  
 or  
 Inc. Town of  
 or  
 City of Waresboro

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

4516

Registration District No. 1314 Registered No. 7  
 (For use of Local Registrar)

(2) Full Name of Child Hazel Carolina Carter (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 10 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME John S. Crow  
 (9) PRESENT POSTOFFICE OF FATHER Ware Shoals  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37  
 (Years)  
 (12) BIRTHPLACE Spokane Co  
 (13) OCCUPATION Cotton Mill  
 (20) Number of children born to mother, including present birth 6

MOTHER.  
 (14) NAME BEFORE MARRIAGE Minnie Wooten  
 (15) PRESENT POSTOFFICE OF MOTHER Ware Shoals  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36  
 (Years)  
 (18) BIRTHPLACE Salzer Sc  
 (19) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born alive at 1:30 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. Wooten

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Ware Shoals

Given name added from a supplemental report

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

(27) Filed Mar 8 1922 (28) Chas. B. Smith 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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