

MAJOR REGISTERED FOR BONDING.
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 8.

(1) PLACE OF BIRTH

County of Deonee
Township of Fugate
or
Inc. Town of
or
City of

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

Registration District No. 3505 Registered No. 150
(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.)

File No.—For State Registrar Only
39557

(2) Full Name of Child

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 event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 20 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME J. Frank Carson

(14) NAME BEFORE MARRIAGE Mae Deoria

(9) PRESENT POSTOFFICE OF FATHER Westminster S.C.

(15) PRESENT POSTOFFICE OF MOTHER Same

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Years)

(12) BIRTHPLACE Deonee Co.

(18) BIRTHPLACE Deonee Co.

(13) OCCUPATION Farmer

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth Tenth

(21) Number of children of this mother now living, including present birth Ninth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:00 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) M. C. Simpson, M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Westminster 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 Dec 11 1922 (28) J. D. Shree 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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