

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 <u>Corn Landrum</u> Township of <u>Cross Hill</u> or Inc. Town of ..... or City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>35225</b>	
		Registration District No. <u>2900</u>		Registered No. <u>41</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Edwin Carder</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 31 22</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b>			<b>MOTHER.</b>		
(8) FULL NAME <u>Frank Carder</u>			(14) NAME BEFORE MARRIAGE <u>Sara Carder</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cross Hill S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cross Hill</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Laborer</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>5 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sue Ellen Eschelburg</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Cross Hill</u>					
Given name added from a supplemental report			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <u>Nov 27 22</u> (28) <u>E. B. Gordon</u> 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.					