

Form No. 1

## (1) PLACE OF BIRTH

County of EdgewoodTownship of Richland

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40082

Registration District No. 1808 Registered No. 44  
(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 Carrie Peterson

If child is not yet named, make supplemental report

(1) BOY OR GIRL <u>girl</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married <u>yes</u>	(5) DATE OF BIRTH <u>Dec 12 1922</u> (Name of Month) (Day) (Year)
--------------------------------	------------------------------------------------------------------------	------------------------------	---------------------------------------	-------------------------------------------------------------------------

## FATHER

(6) FULL NAME Harry Peterson(7) PRESENT POSTOFFICE OF FATHER Edgewood S. C.(8) COLOR OR RACE black (9) AGE AT LAST BIRTHDAY 20 (Year)(10) BIRTHPLACE Edgewood S. C.(11) OCCUPATION Domestic(12) Number of children born to mother, including present birth 12

## MOTHER

(13) NAME BEFORE MARRIAGE Rose Bell(14) PRESENT POSTOFFICE OF MOTHER Edgewood S. C.(15) COLOR OR RACE black (16) AGE AT LAST BIRTHDAY 17 (Year)(17) BIRTHPLACE Edgewood S. C.(18) OCCUPATION Domestic(19) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive 12 M., on the date above stated. Dec 12 1922 (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Rose Bell(22) State whether Physician or Midwife Midwife(23) Address of Physician or Midwife Dec 12, 1922

(24) Given name added from a supplemental report

(25) Witness

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

(26) Filed 1/101924

(27)

1/10

(28)

1/10

(29)

1/10

(30)

1/10

(31)

1/10

(32)

1/10

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.