

1. PLACE OF BIRTH

Standard Certificate of Birth

FILE No.—For State Registrar Only

County of Aiken

STATE OF SOUTH CAROLINA

03837

Township of Salveston

Bureau of Vital Statistics

or
Inc. Town of Ellenton

State Board of Health

Registration District No. 210

Registered No. _____
(For use of Local Registrar)

City of _____

(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 Carwell Mabley { If child is not yet named, make supplemental report as directed.

3. Boy or Girl boy If Plural Births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents Married? Yes 8. Date of Birth Jun 28 1916
(Month, day, year)

9. Full name Penny Mabley FATHER

18. Name before marriage Mattie Hedrick MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Ellenton

19. Residence (mailing address) (If non-resident, give place and State) Ellenton

11. Color or race col 12. Age at last birthday 26 (years)

20. Color or race col 21. Age at last birthday 15 (years)

13. Birthplace (city or place) (State or country) Aiken SC

22. Birthplace (city or place) (State or country) Gargis

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawmill

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. worker

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work 1916 17. Total time (years) spent in this work 34

25. Date (month and year) last engaged in this work 1916 26. Total time (years) spent in this work 22

27. Number of children of this mother (At time of birth and including this child) 9 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1 P m. on the date above stated.
(Born alive ~~and~~ stillborn)

I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date. _____
(Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____
(Specify)

{ When there was no attending physician or midwife then the father, householder, etc., should make this return.

(Signed) _____, M. D.

Given name added from a supplementary report _____
(Date of) _____

or Lavinia Bowes Midwife

Address Ellenton SC

Filed Dec 3 1942 Im Belle Shaw
Local Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

State Registrar