

Form No. 1

## (1) PLACE OF BIRTH

County of YorkTownship of Bedlock Creek

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20520

Registration District No. 4409Registered No. 31  
(For use of Local Registrar)(2) Full Name of Child Roger Carroll

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

3) BOY OR GIRL Boy

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married? yes7) DATE OF BIRTH June 3, 22

(Time of Month) (Day) (Year)

## FATHER.

8) FULL NAME Lon Carroll9) PRESENT POSTOFFICE OF FATHER Sharon S & P H(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 32  
(Years)(12) BIRTHPLACE York Co S & C(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Gertie Sanders(15) PRESENT POSTOFFICE OF MOTHER Sharon S & P H(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 30  
(Years)(18) BIRTHPLACE Chesler Co S & C(19) OCCUPATION Cook(21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M.  
(Born alive or stillborn) (Hour, A. M. or P. M.)  
on the date above stated.(23) (Signature) Midwife Martha Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sharon S & P H

Given name added from a supplemental report

(26) Witness William Fausell

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

(27) Filed July 2, 22(28) W. C. Mitchell  
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.

WRITING 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.