

(1) PLACE OF BIRTH

County of Clarendon
Township of St. Paul
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3751

Registration District No. 1311 Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child Carson S. Fludd (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 5 20
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Madison Fludd
(9) PRESENT POSTOFFICE OF FATHER St. Paul S.C.
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 42
(12) BIRTHPLACE Clarendon Co S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Brailsford
(15) PRESENT POSTOFFICE OF MOTHER St. Paul S.C.
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY
(18) BIRTHPLACE Clarendon Co S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Jessant Rogers
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife St. Paul S.C.

Given name added from a supplemental report

(26) Witness Enrice S. King
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 15 22 (28) J. H. Carver King
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH INK AND IN CAPITAL LETTERS. PRINT NAME OF FATHER AND MOTHER IN FULL. PRINT NAME OF CHILD, and mark the sex of child. PRINT PLACE OF BIRTH OF CHILD, and mark the sex of child. PRINT NAME OF PHYSICIAN OR MIDWIFE, and mark the sex of child. PRINT NAME OF WITNESS, and mark the sex of child. PRINT HOUR, No. 1. THE OTHERS, No. 2, etc., in question 2.

MADE IN COLUMBIA, COLUMBIA, S. C.