

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT BLANK FOR EACH CHILD, and mark the
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, No. 2, etc., in question 6.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Thurberry
Township of Mound
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only

43842

Registration District No. 3407 Registered No. 66
(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 William Carbery (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 15 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Carbery

(9) PRESENT POSTOFFICE OF FATHER Chophells S.C.

(10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Scurry

(15) PRESENT POSTOFFICE OF MOTHER Chophells S.C.

(16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Walker (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chophells S.C.

Given name added from a supplemental report

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

(27) Filed Dec 21 1922 (28) J. L. Hollings 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.