

## (1) PLACE OF BIRTH

County of Fairfield  
 Township of 7  
 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

22043

Registration District No. 1906Registered No. 57  
(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 Buggs

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

(3) BOY OR  
GIRL? girl(4) Twin  
or Triplet?(5) Number in  
order of birth  
To be answered only in event of Twins or Triplets(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH June 24 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMERobert Buggs(9) PRESENT  
POSTOFFICE  
OF FATHERRidgeway S.C.(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY 32  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer(20) Number of children born to  
mother, including present birth6

## MOTHER.

(14) NAME BEFORE  
MARRIAGESallie Ford(15) PRESENT  
POSTOFFICE  
OF MOTHERRidgeway(16) COLOR  
OR  
RACE(17) AGE AT LAST  
BIRTHDAY 32  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic(21) Number of children of this mother  
now living, including present birth6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Proctor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-  
 tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 7/28 22(28) L. E. Hester

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.

Registrar

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Eliza Moore