

MARGIN RESERVED FOR BINDING.

WRITE 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.

MADE IN COLUMBIA, COLUMBIA, S. C.

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|---|---------------------------|---|--|---|--|
| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health | | File No.—For State Registrar Only 2828 | |
| County of <u>Abbeville</u> Township of <u>Loring Cane</u> or Inc. Town of or City of | | | | Registration District No. <u>107</u> Registered No. <u>5</u> (For use of Local Registrar) | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | | |
| (2) Full Name of Child <u>Beatrice Carson</u> | | | | | |
| (3) SEX—OR GIRL <u>Girl</u> | (4) Twin or Triplet? | (5) Number in order of birth To be answered only in case of Twins or Triplets | (6) Are Parents Married? <u>No</u> | (7) DATE OF BIRTH <u>Feb. 11, 1922</u> (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME | | | (14) NAME BEFORE MARRIAGE <u>Maggie Carson</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville S.C.</u> | | |
| (10) COLOR OR RACE | (11) AGE AT LAST BIRTHDAY | (12) BIRTHPLACE | (16) COLOR OR RACE <u>Colored</u> | (17) AGE AT LAST BIRTHDAY | (18) BIRTHPLACE <u>Abbeville Co., S.C.</u> |
| (13) OCCUPATION | | | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>6</u> | | | (21) Number of children of this mother now living, including present birth <u>6</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1 A. M.</u> on the date above stated. | | | | | |
| (23) (Signature) <u>Jane Perry</u> (24) State whether Physician or Midwife <u>Midwife</u> Address of Phys. or Midwife <u>Abbeville S.C.</u> | | | | | |
| Given name added from a supplemental report | | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) | | |
| 19... Registrar | | | (27) Filed <u>Feb. 21, 1922</u> (28) <u>E. R. Miller</u> 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. | | | | | |