

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Fairfield</u>		STATE OF SOUTH CAROLINA		34285	
Township of <u>St. John</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Blackfish</u>		State Board of Health			
City of		Registration District No. <u>1904</u>		Registered No. <u>4</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>St.</u> Ward)			
(2) Full Name of Child <u>John De Rich Carson</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 8 1904</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Carson</u>			(14) NAME BEFORE MARRIAGE <u>Georgina Canty</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Williston SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Williston SC</u>		
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>Fairfield</u>			(18) BIRTHPLACE <u>Fairfield</u>		
(13) OCCUPATION <u>Public Work</u>			(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</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>12 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Fannie Canty</u>					
(24) State <u>Physician or Midwife</u>					
(25) Address of Physician or Midwife <u>Williston</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 19 (28) 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.					
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MECHANICAL, Columbia, S. C.