(1) PLACE OF BIRTH

County of Dillon

Township of Carmichael

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

1925

File No.—For State Registrar Only: 43799

Registration District No. 1001 Registered No. .....

(For use of Local Registrar)

(2) Full Name of Child Not Named

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

(3) BOY OR GIRL?	(4) Twin or Triplet	(5) Number in order of birth	(6) Are twins identical	(7) DATE OF BIRTH
Boy			Yes	Oct. 19, 1925 (Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME: William B. Carmichael	(14) NAME BEFORE MARRIAGE: Nancy McLeod
(9) PRESENT POSTOFFICE OF FATHER: Hamer, R. F. D.	(15) PRESENT POSTOFFICE OF MOTHER: Hamer, R. F. D.
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 45 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 44 (Years)
(12) BIRTHPLACE: Dillon County	(18) BIRTHPLACE: Dillon County
(13) OCCUPATION: Farmer	(19) OCCUPATION: Housewife
(20) Number of children born to mother, including present birth: 3	(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 a. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) L. P. Gray

(24) State whether Physician or Midwife: Phys.

(25) Address of Physician or Midwife: Dillon, S. C.

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness .....

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

(27) Filed 1-20 1926 (28) W. T. Campbell

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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