

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 1.

(1) PLACE OF BIRTH

County of Richmond

Township of Foreman

Inc. Town of .....

City of .....

(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

Registration District No. 313 Registered No. 6  
(For use of Local Registrar)

(2) Full Name of Child Jennie Louise Carley If child is not yet named, make supplemental report as directed

(3) SEX OR girl (4) Type ✓ or Triplets (5) Number in ✓ order of birth (6) Age 11/30 months (7) DATE OF BIRTH 11/30  
(Name of Month) (Day) (Year)

FATHER M. E. Carley  
(8) FULL NAME Jay M. Carley  
(9) PRESENT POSTOFFICE OF FATHER Anderson E. C. Road  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)  
(12) BIRTHPLACE Anderson E. C. Road  
(13) OCCUPATION

MOTHER  
(14) NAME BEFORE MARRIAGE Jay B. Carley  
(15) PRESENT POSTOFFICE OF MOTHER Anderson E. C. Road  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)  
(18) BIRTHPLACE Anderson E. C. Road  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Jennie Louise Carley on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. H. Carley (24) State South Carolina Physician or Midwife (25) Address of Physician or Midwife Anderson E. C. Road

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 15 1929 (28) E. A. & Hod Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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