

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.

McGraw-Hill, Columbia, S. C.

# (1) PLACE OF BIRTH

County of Charleston  
Township of Charleston  
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  
**42170**

Registration District No. 1702 Registered No. 56  
(For use of Local Registrar)  
(No. .... St.; ..... Ward)

# (2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 16 1922  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME John H. Carr  
(9) PRESENT POSTOFFICE OF FATHER Summerville, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)  
(12) BIRTHPLACE Summerville, S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE Ruth C. Carr  
(15) PRESENT POSTOFFICE OF MOTHER Summerville, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Pawtucket, R.I.  
(19) OCCUPATION Housewife  
(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 born alive on the date above stated. (Born alive or stillborn) (Hour 7 A.M. or P.M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville, S.C.

Given name added from a supplemental report  
.....  
.....  
.....  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
**DEC 21 1922**  
(27) Filed ..... (28) [Signature] 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.