CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 18388

1. PLACE OF BIRTH

County of Cherokee

Township of Pacolet

or Inc. Town of Gaffney S.C. Registration District No. 803 Registered No. 61 (For use of Local Registrar)

or City of Gaffney S.C. (No. ..... St.: ..... Ward)

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

2. Full Name of Child. Bessie Evelyn Carson. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Fem. (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 9 1918 (Name of Month, Day, Year)

If twin or triplet, state order of birth, as 1st, 2d, 3d.

FATHER.	MOTHER.
(8) FULL NAME Daniel H. Carson	(14) NAME BEFORE MARRIAGE Ada C. Irish
(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.	(15) PRESENT POSTOFFICE OF MOTHER Gaffney
(10) COLOR OR RACE Wh. (11) AGE AT LAST BIRTHDAY 38 Years	(16) COLOR OR RACE Wh. (17) AGE AT LAST BIRTHDAY 34 Years
(12) BIRTHPLACE Gaffney S.C.	(18) BIRTHPLACE Gaffney S.C.
(13) OCCUPATION Farming	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1	(21) Number of children of the 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 born alive at Gaffney, S.C. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Fletcher L. Bridges M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report ..... 191.... Registrar

(26) Witness (Signature of witness to mark) (Or if mark witnessed, signature of mark) E. Stoudemire

(27) Filed June 9 1918 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.

MARGIN RESERVED FOR BINDING.

WRITE CLEARLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

No Erasures or Corrections allowed. If any error is made, the entire form must be rewritten.

FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 6.

FOR BOOK NO. 5.

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