

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

66418

(1) PLACE OF BIRTH

County of Amur

Township of Privat

or Inc. Town of

or City of

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

Registration District No. 4104 Registered No. 71

(For use of Local Registrar)

St. : : : : Ward

(2) Full Name of Child Eliquis Carpenter Jr.

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 BIRTH June 28 1916

FATHER. (14) NAME BEFORE MARRIAGE Minnie Baxter

(8) FULL NAME Eliquis Carpenter (15) PRESENT POSTOFFICE OF MOTHER Amur S.C.

(9) PRESENT POSTOFFICE OF FATHER Amur S.C. (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Clarendon Co. S.C. (18) BIRTHPLACE Clarendon Co. S.C.

(13) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 10 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:50 A.M. on the date above stated. (Hour, M. or P. M.)

(23) (Signature) Emma Montgomery

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

Given name added from a supplemental report

(26) Witness A. B. Holt

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

on File June 29 1916 (27) Philas B. Holt 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.