

(1) PLACE OF BIRTH

County of York
 Township of St. Johns
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 7.03 Registered No.
 (For use of Local Registrar)

No. 10.—For State Registrar Only
31890 ✓

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

(2) Full Name of Child Georgie Carter If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet (5) Number in order of birth one (6) Are Parents Married yes (7) DATE OF BIRTH Nov 10 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Lettie Carter
 (9) PRESENT POSTOFFICE OF FATHER York
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Idaho
 (13) OCCUPATION Laborer
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Carter
 (15) PRESENT POSTOFFICE OF MOTHER
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE Idaho
 (19) OCCUPATION in house
 (20) 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 at P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Nov 15 1923 (28) A. M. Russell

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.

When there is a permanent resident, with no other person, in a permanent residence, use a separate blank for each child, and mark the first-born, No. 1. TIME OTHER, No. 2, etc. In question 1, name of children, No. 1, 2, 3, etc.