

(1) PLACE OF BIRTH

County of BethTownship of "

OF

Inc. Town of "

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

File No. - For State Registrar Only

41010

Registration District No. 6Registered No. 508

(For use of Local Registrar)

(2) Full Name of Child Mary Carter

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? No

To be answered only in event of Twin or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 1 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Carter(9) PRESENT POSTOFFICE OF FATHER Beaufort(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 30

(Years)

(12) BIRTHPLACE Beth(13) OCCUPATION Day Labor(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Gerena Poir(15) PRESENT POSTOFFICE OF MOTHER Beaufort(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 30

(Years)

(18) BIRTHPLACE Beaufort(19) OCCUPATION Home Maker(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) P. Carter(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Beaufort

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 8 1922

(28) 1922

(29) W. H. Carter(30) W. H. Carter(31) W. H. Carter(32) W. H. Carter(33) W. H. Carter(34) W. H. Carter(35) W. H. Carter(36) W. H. Carter(37) W. H. Carter(38) W. H. Carter(39) W. H. Carter(40) W. H. Carter

*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 stillborns before the ninth month of pregnancy.