

W. B. In case of TWINS OR TRIPLETS use a SUPPLEMENTAL BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Steno
Township of DeKalb
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
15432

Registration District No. 2701 Registered No. 74
(For use of Local Registrar)

(2) Full Name of Child

James O. 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 (6) Are Parents Married? No (7) DATE OF BIRTH May 6, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie C. Carter
(15) PRESENT POSTOFFICE OF MOTHER Kanawha
(16) COLOR OR RACE Coe (17) AGE AT LAST BIRTHDAY 16 (Years)
(18) BIRTHPLACE Idaho
(19) OCCUPATION labour
(21) 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 born alive 5 A.M. on the date above stated.
(Born alive or stillborn.) (Hour A. M. or P. M.)

(23) (Signature) Martha M. Mendenhall
(24) State whether Physician or Midwife 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 May 20, 1922 (28) W. H. Mendenhall 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.