

(1) PLACE OF BIRTH

County of Seneca
 Township of Seneca
 of
 Inc. Town of
 of
 City of (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 Julia M. Carter

File No.—For State Registrar Only
11459

Registration District No. 3504 Registered No. 3546
 (For use of Local Registrar)

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married 20 (7) DATE OF BIRTH 2-2-23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME F. J. Carter
 (9) PRESENT POSTOFFICE OF FATHER Calhoun, N.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23
 (Year) (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Public works

MOTHER.

(14) NAME BEFORE MARRIAGE Catherine Hampton
 (15) PRESENT POSTOFFICE OF MOTHER Seneca
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19
 (Year) (18) BIRTHPLACE Indiana
 (19) OCCUPATION Teacher
 (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, Alive at 2 M.,
 on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Viola H. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Seneca, N.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 4/10/23

(28) 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.

Registrar I

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