

Form No. 1

(1) PLACE OF BIRTH

County of ClarendonTownship of Santeeor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

6601

Registration District No. 1313 Registered No. 7
(For use of Local Registrar)

(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 Allen Carter

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

3 SEX OR GROWTH <u>girl</u>	4 Twin or Triplet <u>No</u>	5 Number in order of birth <u>1</u>	6 Are Parents Married <u>yes</u>	7 DATE OF BIRTH <u>Feb 9 1923</u> (Name of Month) (Day) (Year)
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FATHER.

8 FULL NAME Villie Carter9 PRESENT POSTOFFICE OF FATHER Davis Station, S.C.10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
(Year)12 BIRTHPLACE Clarendon Co13 OCCUPATION farmer14 Number of children born to mother, including present birth Three

MOTHER.

14 NAME BEFORE MARRIAGE Minnie Wells15 PRESENT POSTOFFICE OF MOTHER Davis Station, S.C.16 COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
(Year)18 BIRTHPLACE Clarendon Co19 OCCUPATION Housewife20 Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Alive at 12 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Julia Nelson(23) State whether Physician or Midwife (24) Address of Physician or Midwife
Midwife Davis Station, S.C.

Given name added from a supplemental report

(25) Witness
Signature of Witness necessary only when question 23 is signed by mark(26) Filed Feb 24 1923 (27) a. J. White 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.