

(1) PLACE OF BIRTH

County of Bamberg

Township of Franklin

Inc. Town of

City of

CERTIFICATE OF BIRTH
State of New York
Office of the Registrar
State Health of New York

DATE OF BIRTH
204

Registration District No. 14.14 Registered No. 18
(For use of Local Registrar)

(2) Full Name of Child Edwidge Hamilton Carter (If child is not yet named, make name of child as given)

(a) SEX OF CHILD Boy (b) TIME OF BIRTH 2:45 (c) DAY OF BIRTH 5 (d) MONTH OF BIRTH Jan (e) YEAR OF BIRTH 1923

(f) NAME OF FATHER Henry M. Carter (g) NAME OF MOTHER Essiemay Friend

(h) NAME OF FATHER Richard S.C. (i) NAME OF MOTHER Richard S.C.

(j) COLOR OF SKIN White (k) AGE AT LAST BIRTH 58 (l) COLOR OF SKIN White (m) AGE AT LAST BIRTH 24

(n) BIRTHPLACE S.C. (o) BIRTHPLACE S.C.

(p) OCCUPATION Farming (q) OCCUPATION House Wk

(r) Number of children born to mother, including present birth 3 (s) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary F. Hall

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

Mid Wk Richard S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Feb 5 23 (28) W. O. ...

When there was no attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must not be reported as stillborn before the first month of age.