CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
37261

(1) PLACE OF BIRTH

County of ....
Township of ....
or
Inc. Town of ....
or
City of ....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 403 Registered No. 46
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Odell Carter (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			yes	Nov 16 1922

FATHER.

(8) FULL NAME Mack Carter
(9) PRESENT POSTOFFICE OF FATHER Bamberg, S. C.
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Bamberg Co. S. C.
(13) OCCUPATION Farming
(22) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Odell Williams
(15) PRESENT POSTOFFICE OF MOTHER Bamberg S. C.
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Orangeburg Co. S. C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Anna Downing
(24) State whether Physician or Midwife: Mid wife
(25) Address of Physician or Midwife: Bamberg S. C.

Given name added from a supplemental report
.... 19 ....
Registrar

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

(27) Filed Nov 20 1922 (28) Herbert Folk
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.