

Form No. 1

(1) PLACE OF BIRTH

County of Lancaster, S.C.Township of Giles Creekor
Inc. Town of.....or
City of.....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1804

File No.—For State Registrar Only

41221Registered No. 200
(For use of Local Registrar)(2) Full Name of Child Jessie Lee Carter

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

(3) BOY OR GIRL <u>girl</u>	(4) Type of Triplet To be answered only in event of Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Dec 22, 1912</u> (Month of Month) (Day) (Year)
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FATHER

(8) FULL NAME Jim Carter(9) PRESENT POSTOFFICE OF FATHER Lancaster, S.C.(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE Monroe, N.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Two

MOTHER

(14) NAME BEFORE MARRIAGE Rose Witherspoon(14) PRESENT POSTOFFICE OF MOTHER Lancaster, S.C.(14) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Lancaster, S.C.(13) OCCUPATION Farmer(14) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was alive at 11:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(16) (Signature) Peter Shamouk(17) State whether Physician or Midwife Midwife

(18) Address of Physician or Midwife

(Given name added from a supplemental report)

(19) Witness (Signature of Witness necessary only when question 15 is signed by mother)

(20) Filed 1-1 1913 (21) J. J. Shamouk (Local Registrar)

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
X. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER. No. 2, etc. In question 1.

Bureau of Census, Columbia, S. C.