

(1) PLACE OF BIRTH

County of Bamberg
 Township of Irish Creek
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

Registration District No. 402

File No.—For State Registrar Only

3145Registered (No. 12)
(For use of Local Registrar)St. 12 Ward

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

(2) Full Name of Child Gladyso Carter

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

(3) BOY OR GIRL ne

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are any Parents Married? yes(7) DATE OF BIRTH Feb 16 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Currie Carter(9) PRESENT POSTOFFICE OF FATHER Summers S.P.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY..... (Years)

(12) BIRTHPLACE

(13) OCCUPATION

farmer

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY..... (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alma at 13 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hayo G. G. G.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Summers S.P.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2/25 1922

(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.)