

(1) PLACE OF BIRTH

County of Spokane
 Township of Reed
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 37601
 (For use of Local Registrar)

Registration District No. 40-C Registered No. 171
 (For use of Local Registrar)

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

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

(3) SEX girl (4) Type 1 (5) Number in 1 (6) Are yes (7) DATE OF BIRTH July 30th 1923
 To be answered only in case of Twins or Triplets (Month) (Day) (Year)

FATHER.
 (8) FULL NAME Jas. C. Carter
 (9) PRESENT POSTOFFICE OF FATHER Campobello S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Year)
 (12) BIRTHPLACE NC
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Lilly M. Knight
 (15) PRESENT POSTOFFICE OF MOTHER Campobello S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House work

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M., on the date above stated. (Born alive or stillborn) (Hour 'M. or P. M.)

(23) (Signature) R. L. Thompson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Immense S.C.

Given name added from a supplemental report

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

(27) Filed Nov. 15 1923 (28) C. Alapers 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.

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