

It is 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 8.

(1) PLACE OF BIRTH

County of Aiken  
Township of Gregg  
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. 204

No. 565 For Baby Register Only

Registered No. 21  
(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 Lisa Amanda Carter

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

(3) BOY OR GIRL girl (4) Type of Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH March 13 1923  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Charlie B. Carter  
(9) PRESENT POSTOFFICE OF FATHER Warrenville  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32  
(Year) (12) BIRTHPLACE Aiken Co.  
(13) OCCUPATION Automobile Mechanic

**MOTHER.**

(14) NAME BEFORE MARRIAGE Alice May Randal  
(15) PRESENT POSTOFFICE OF MOTHER Warrenville, S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32  
(Year) (18) BIRTHPLACE Aiken Co.  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 13

(21) Number of children of this mother now living, including present birth 13

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. P. Turnbull, B.S., M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Warrenville

Given name added from a supplemental report

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

(27) Filed 3 20 1923 (28) H. P. Turnbull, B.S., M.D. 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.