

STATE OF MISSISSIPPI

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

21964

Residence of Neighboring
City of Neighboring
or
Town of

Registration District No. 3407

Registered No. 33
(For use of Local Registrar)

City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Full Name of Child Chippell Carter

| | | |
|-------------------------------------|------------------|---------------------------|
| SEX <u>Girl</u> | AGE <u>16-23</u> | DATE <u>July 12, 1923</u> |
| FATHER <u>Louis Carter</u> | | |
| MOTHER <u>Mary Bantel</u> | | |
| CHILD'S NAME <u>Chippell Carter</u> | | |
| COLOR <u>Black</u> | | |
| RELIGION <u>David C. M. C.</u> | | |
| TRADE <u>House Hand</u> | | |
| NUMBER OF CHILDREN <u>2</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(18) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M.
on the date above stated. (Born alive or dead) (Hour A. M. or P. M.)

(19) (Signature) Becton & Becton
(20) State whether Physician or Midwife Midwife

Given name added from a supplementary report

(21) Witness W. H. Hall
(22) Date July 12, 1923

When there was no attending physician or midwife, then the father, householder, or other person who made 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.