

IN PLACE OF...

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

FILE NO. 8816

County of Flamora
Municipality of

Registration District No. 20A Signature No. 88
(For use of local health officer)

City of Flamora No. 88 Ward
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(1) Full Name of Child Albert A. Carter (If child is not yet named, make supplemental record as directed)

(2) SEX Male (3) AGE 25 (4) DATE OF BIRTH July 25, 23
To be completed in case of birth of twins

(5) FULL NAME Albert A. Carter
(6) PRESENT RESIDENCE OF FATHER Flamora
(7) COLOR OR RACE Colored (8) AGE AT LAST BIRTHDAY 23
(9) BIRTHPLACE S.C.
(10) OCCUPATION

MOTHER
(11) FULL NAME Constance A. Carter
(12) PRESENT RESIDENCE OF MOTHER Flamora
(13) COLOR OR RACE Colored (14) AGE AT LAST BIRTHDAY 19
(15) BIRTHPLACE S.C.
(16) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(19) I hereby certify that I attended the birth of this child, who was alive at 6 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
Hannah Carter
Physician or Midwife (20) Address of Physician or Midwife Flamora Co

Hannah Carter
Signature of Mother
Albert A. Carter
Signature of Child
Albert A. Carter
Signature of Father