

(1) PLACE OF BIRTH

County of

Township of

or

In, Town of

or

City of

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

File No.—For State Registrar Only
9961

Registration District No. **315**Registered No. **19**

(For use of Local Registrar)

St.; Ward)

(No. Instead of street and number.)

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

(2) Full Name of Child

William Allen Carter

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

(3) BOY OR GIRL

Bo

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb. 14, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel Carter

(9) PRESENT POSTOFFICE OF FATHER

Anderson SE A 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farming

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

1**MOTHER.**

(14) NAME BEFORE MARRIAGE

Ruby McAlister

(15) PRESENT POSTOFFICE OF MOTHER

Anderson SE A 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

2**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was

alive at **6 P.** M.

(Born alive or stillborn.) (Hour A. M. or P. M.)

(23) (Signature)

John Griffin

(24) State whether Physician or Midwife

(25) Address of Physic. or Midwife

Anderson SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

5/10/22

19

(28)

W. C. Casey

Local Registrar

19

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.