Form No. 1

(1) PLACE OF BIRTH

County of Kershaw

Township of DeKalb

or

Inc. Town of .....

or

City of .....

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
30857

Registration District No. 2701 Registered No. 206
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets		Yes	Feb 27 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Washington Carter	(14) NAME BEFORE MARRIAGE	Jane Carter
(9) PRESENT POSTOFFICE OF FATHER	Camden	(15) PRESENT POSTOFFICE OF MOTHER	Camden
(10) COLOR OR RACE	Col (11) AGE AT LAST BIRTHDAY 50 (Years)	(16) COLOR OR RACE	Col (17) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE	SC	(18) BIRTHPLACE	SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	8	(21) Number of children of this mother now living, including present birth	8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 a M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amy Brown

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed Oct 7 1922 (28) W. G. Wilson
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 3.

McCAW OF COLUMBIA, COLUMBIA, S. C.