

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

County of Anderson,Township Chesnut Hill

Inc. Town of

or

City of

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

Registration District No. 2206Registered No. 72

(For use of Local Registrar)

(No. 1 of 1 (Street) Wood)(2) Full Name of Child Henry James Carter, Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Age 1 (7) DATE OF BIRTH Apr 3 1925 (Month of Month) (Day) (Year)

FATHER

(8) FULL NAME Henry J. Carter

(9) PRESENT POSTOFFICE OF FATHER Reeburn

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Ella Falkenberg

(15) PRESENT POSTOFFICE OF MOTHER Reeburn

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. B. Jones (24) State whether Physician or Midwife Physician

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) E. J. Hammond

(26) Filed Apr 19 1925 (27) 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.

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