

(1) PLACE OF BIRTH

County of York
Township of Catawba

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38077

In Town of Registration District No. 4404 Registered No. 109
(For use of Local Registrar)
or
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Robt. Franklin Carter 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) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 12, 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ray Hope Carter(9) PRESENT POSTOFFICE OF FATHER Leslie, S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Leslie, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth One

MOTHER

(14) NAME BEFORE MARRIAGE Irish (Phillips)(15) PRESENT POSTOFFICE OF MOTHER Leslie, S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Rock Hill, S.C.(19) OCCUPATION House(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN (OR MIDWIFE)

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. R. Blackmon
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Rock Hill, S.C.

Given name added from a supplemental report

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

(27) Filed 101 (28) Local RegistrarWhen 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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