

(1) PLACE OF BIRTH

County of RichmondTownship of Richmondor
Inc. Town ofor
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

31670

Registration District No. 315 Registered No. 98

(For use of Local Registrar)

St. Ward)

2) Full Name of Child William Craig Carter

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? -

(5) Number in order of birth

to be entered only in case of twins or triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 16, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. H. Carter(9) PRESENT POSTOFFICE OF FATHER Liberty SC 42(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer

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

(14) NAME BEFORE MARRIAGE Edith Egan(15) PRESENT POSTOFFICE OF MOTHER Liberty SC 42(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at Liberty SC on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Dr. L. H. Carter(23) State whether Physician or Midwife (24) Address of Physician or Midwife Liberty SC 42

(25) Given name added from a supplemental report

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

(27) Filed 23 (28) W. L. Hasey 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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