

Form No. 1

(1) PLACE OF BIRTH

County of AllendaleTownship of Beldos

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

20762

Registration District No. 4602Registered No. 35

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Carrie Lu Carter

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

3 BOY OR GIRL
Girl

4 Twin or Triplet?

To be answered only in event of Twin or Triplets

5 Number in order of birth

6 Are Parents Married?
Yes

7 DATE OF BIRTH

(Name of Month) (Day) (Year)
July 29 1922

FATHER.

8) FULL NAME

Curtis Carter

9) PRESENT POSTOFFICE OF FATHER

Appleton S.C.

10) COLOR OR RACE

Negro

11) AGE AT LAST BIRTHDAY

28
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Form Labor

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

One

MOTHER.

14) NAME BEFORE MARRIAGE

Esther Boone

15) PRESENT POSTOFFICE OF MOTHER

Appleton S.C.

16) COLOR OR RACE

Negro

17) AGE AT LAST BIRTHDAY

27
(Years)

18) BIRTHPLACE

S.C.

19) OCCUPATION

Form Labor

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 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 31 1922

(28)

F. H. Boyd M.D.
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.

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 5