

Form No. 1

## (1) PLACE OF BIRTH

County of Georgetown  
 Township of St. John  
 OF  
 Inc. Town of Dodgers Sc  
 OF  
 City of                      (No.                      St.;                      Ward)

(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

28303

Registration District No 21.0 Registered No. 112  
(For use of Local Registrar)(2) Full Name of Child Willard Carter (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Male (4) Twin or Triplet                      (5) Number in order of birth                      (6) Are Parents Married yes (7) DATE OF BIRTH Sept 12, 1925  
 To be answered only in event of Twin or Triplet (Name) (Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Carter</u>	(14) NAME BEFORE MARRIAGE <u>Martha Elizabeth Owens</u>	(9) PRESENT POST OFFICE OF FATHER <u>Andrews SC</u>	(15) PRESENT POST OFFICE OF MOTHER <u>Andrews SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Year)
(12) BIRTHPLACE <u>Kinston N.C.</u>	(18) BIRTHPLACE <u>Williamsburg Co SC</u>	(13) OCCUPATION <u>Laborer at Saw mill</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Time A. M. or P. M.)

(23) (Signature) John Carter father (24) State whether Physician or Midwife (25) Address of Physician or Midwife Andrews SC

Given name added from a supplemental report

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

(27) Filed Sept 15, 1925 (28) Herb Bailey Local Registrar(29) Filed Sept 20, 1925 (30) Herb Bailey Local Registrar

When there was no attending physician or midwife, it must not be reported as stillborn. NO If a child breathes even once, it must not be reported as stillborn. NO before the fifth month of pregnancy.

THIS IS A PERMANENT RECORD. 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 2.