

(1) PLACE OF BIRTH

County of Greenwood
 Township of Lawrence
 or
 Inc. Town of Lawrence
 or
 City of Lawrence

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22487

Registration District No. 2962 Registered No. 10
 (For use of Local Registrar)

(City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Thomas Jackson 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 June 2, 1922
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME John D. Carter
 9. PRESENT POSTOFFICE OF FATHER Troy SC
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 40
 (Years)
 12. BIRTHPLACE Ga
 13. OCCUPATION Farming
 20. Number of children born to mother, including present birth 2

MOTHER.

14. NAME BEFORE MARRIAGE Leola Pearson
 15. PRESENT POSTOFFICE OF MOTHER Troy SC
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 28
 (Years)
 18. BIRTHPLACE Ga
 19. OCCUPATION Domestic
 21. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature](24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greenwood SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 31, 1922(28) W. H. B. [Signature]

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.

MARGIN RESERVED FOR BINDING.

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