

(1) PLACE OF BIRTH

County of Marion
 Township of Marionville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19442

Inc. Town of Registration District No. 3.3A Registered No. 52
 (For use of Local Registrar)
 City of Marionville (No. 1 2 2 St.; 4 Ward)
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Latrice Lynn Carter } If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? girl (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? ✓ (7) DATE OF BIRTH June 18 1944
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME W. A. Carter

9) PRESENT POST OFFICE OF FATHER Marionville, SC

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

12) BIRTHPLACE Marion, Carolina

13) OCCUPATION Farmer

14) Number of children born to father, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Eva Grace Watson

15) PRESENT POSTOFFICE OF MOTHER Marionville, SC

16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)

18) BIRTHPLACE North Carolina

19) OCCUPATION Iron

20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was born alive at 12:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. L. Kirkpatrick

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Marionville, 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 5 1944 (28) Marionville 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.

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