

(1) PLACE OF BIRTH

County of Bamberg

Township of

Inc. Town of Bamberg

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

310

Registration District No. 4A Registered No. 37

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Samuel Carter

If child is not yet named, make name of child known to Registrar

(a) SEX Boy (b) Age 29 (c) Date of Birth Oct 29 23

(d) NAME OF FATHER Sam Carter (e) NAME OF MOTHER Hattie Unkley

(f) COUNTY OF BIRTH Bamberg (g) COUNTY OF BIRTH Bamberg

(h) COLOR Col (i) AGE AT LAST BIRTHDAY 27 (j) COLOR Col (k) AGE AT LAST BIRTHDAY 27

(l) BIRTHPLACE Bamberg (m) BIRTHPLACE Bamberg

(n) OCCUPATION Gr Mill Hand (o) OCCUPATION Cook

(p) Number of children born to 2 (q) Number of children of this mother 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Signature) Rebecca Glover (13) Address of Physician or Midwife Bamberg

(14) Name of Registrar John Carter