

(1) PLACE OF BIRTH

County of DillonTownship of Beckeror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3974

Only

Registration District No. 1606 Registered No. 2
(For use of Local Registrar)

(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 Marian Herbert 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 Jan 30, 22
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Orin Carter(9) PRESENT POSTOFFICE OF FATHER Fallen SC. #2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(Year)(12) BIRTHPLACE Dillon Co(13) OCCUPATION Farmer(14) Number of children born to male, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ellie Hayes(15) PRESENT POSTOFFICE OF MOTHER Fallen SC. #2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Year)(18) BIRTHPLACE Dillon Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M.
on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) W. L. Rogers(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fallen SC.

Given name added from a supplemental report

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

(27) Filed 3/1 19 22 (28) W. L. Rogers Local Registrar.

If 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.