

## (1) PLACE OF BIRTH

County of Horry

Township of .....

or  
Inc. Town of Conwayor  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

40947

Registration District No. W.A. Registered No. 95

(For use of Local Registrar)

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

Full Name of Child Elizabeth L. Carter If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be covered only in case of Twin or Triplet	(6) Number in order of birth	(8) Age at birth <u>0</u>	(10) DATE OF BIRTH <u>Dec 15 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(12) FULL NAME <u>Kinell Carter</u>	(14) NAME BEFORE MARRIAGE <u>Lena Hunt</u>	(16) PRESENT RESIDENCE OF FATHER <u>Conway S.C.</u>	(18) PRESENT RESIDENCE OF MOTHER <u>Conway S.C.</u>
(13) COLOR OR RACE <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>20</u> (Year)	(17) COLOR OR RACE <u>Negro</u>	(19) AGE AT LAST BIRTHDAY <u>19</u> (Year)
(20) BIRTHPLACE <u>Conway S.C.</u>	(21) BIRTHPLACE <u>Canton S.C.</u>	(22) OCCUPATION <u>Lay laborer</u>	(23) OCCUPATION <u>Housework</u>
(24) Number of children born to mother, including present birth <u>2</u>	(25) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 7.9(27) (Signature) Lizzie Allport

(28) State, whether Physician or Midwife

(29) Address of Physician or Midwife

Given name added from a supplemental report

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

(31) Filed Dec 20 1923 (32) 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.