

(1) PLACE OF BIRTH

County of JasperTownship of Carrollton

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15371

Registration District No. 2600 Registered No. 40

(For use of Local Registrar)

(2) Full Name of Child William Carter

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: boy(4) Twin or Triplet? X

To be answered only in case of Twins or Triplets

(5) Number in order of birth X(6) Are Parents Married? yes(7) DATE OF BIRTH May 10 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William J Carter

(9) PRESENT POSTOFFICE OF FATHER

Ridgeland R.F.D.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 64

(Years)

(12) BIRTHPLACE

N. C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Virginia Davis

(15) PRESENT POSTOFFICE OF MOTHER

Ridgeland R.F.D.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 38

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

11

(21) Number of children of this mother now living, including present birth

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Carter

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianRidgeland

Given name added from a supplemental report

1/11 7-28-48

Registrar

(26) Witness

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

(27) Filed 5/181922

(28)

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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