

Form No. 1

## (1) PLACE OF BIRTH

County of HarmerTownship of Jefferson

Inc. Town of .....

City of Mass Bluff, S.C.

(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 Use

10454

Registration District No. 203 Registered No. 13  
(For use of Local Registrar)City of Mass Bluff, S.C. (No. .... St. .... Ward)(2) Full Name of Child Arnold (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Month of Month) (Day) (Year) <u>April 4, 1923</u>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Rustin Carter</u>	(14) NAME BEFORE MARRIAGE <u>Many Jolly</u>	(16) PRESENT POSTOFFICE OF FATHER <u>Mass Bluff, S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Mass Bluff, S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>36</u>	(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>
(12) BIRTHPLACE <u>Mass Bluff, S.C.</u>	(12) BIRTHPLACE <u>Mass Bluff, S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(13) OCCUPATION <u>Housewife</u>
(15) Number of children born to mother, including present birth <u>7</u>	(15) Number of children of this mother now living, including present birth <u>6</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... where... at... 6 P.... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Theresa Gress  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 5-1-23 (28) John L. Davis 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.