

THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County Laurens

Township of

OR
Inc. Town of Cross Hill

OR

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2900

File No.—For State Registrar Only
19252

Registered No. 19
(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 Bertie Rebecca Carter

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

3) BOY OR
GIRL?

Girl

4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

5) Number in
order of birth

6) Are
Parents
Married?

Yes

7) DATE OF

BIRTH June 22 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME

Thomas Zimiri Carter

9) PRESENT
POSTOFFICE
OF FATHER

Cross Hill SC

10) COLOR
OR
RACE

white

11) AGE AT LAST
BIRTHDAY

22
(Years)

12) BIRTHPLACE

SC

13) OCCUPATION

Salesman

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

One

MOTHER.

14) NAME BEFORE
MARRIAGE

Lyl Lucile Watts

15) PRESENT
POSTOFFICE
OF MOTHER

Cross Hill SC

16) COLOR
OR
RACE

white

17) AGE AT LAST
BIRTHDAY

18
(Years)

18) BIRTHPLACE

SC

19) OCCUPATION

Domestic

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

P. B. Snells M. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician | Cross Hill SC

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

June 24 1922

(28)

P. B. Snells
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.

Registrar

Local Registrar.

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