

## (1) PLACE OF BIRTH

County of YorkTownship of Channingor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. for State Registrar Only

30630

Registration District No. 4400Registered No. 73  
(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 Charles Lee Carter

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

(3) BOY OR  
GIRL Boy(4) Twin  
or Triplet  
To be reported only in event of Twins or Triplets(5) Number in  
order of birth(6) Are  
Parents  
Married Yes(7) DATE OF  
BIRTH 9/15/23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Frederic D. Carter(9) PRESENT  
POSTOFFICE  
OF FATHER Rush Hill(10) COLOR  
OR  
RACE W(11) AGE AT LAST  
BIRTHDAY 22  
(Years)(12) BIRTHPLACE  
McDonnell Co. Ind.(13) OCCUPATION  
Physician(14) Number of children born to  
mother, including present birth 1

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Minnie Brooks(15) PRESENT  
POSTOFFICE  
OF MOTHER Rush Hill(16) COLOR  
OR  
RACE W(17) AGE AT LAST  
BIRTHDAY 29  
(Years)(18) BIRTHPLACE  
Hart Springs Ind.(19) OCCUPATION  
—(20) Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was Alive at 9 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. F. Francis

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(25) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(26) Filed 192319 23

(27)

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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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before the fifth month of pregnancy.