

## (1) PLACE OF BIRTH

County of WilmingtonTownship of Wilmingtonor  
Inc. Town of Wilmingtonor  
City of Wilmington

(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

13469

Registration District No. 4651Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child Rosa Amanda Harter

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 30 1921</u> (Name of month) (Day) (Year)
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## FATHER.

(8) FULL NAME <u>W. A. Harter</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Fairfax S.C.</u>	(10) COLOR OR RACE <u>White</u>
(12) OCCUPATION <u>Merchant</u>	(13) BIRTHPLACE <u>Wilmington S.C.</u>

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Katie L. Carbin</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Fairfax S.C.</u>	(16) COLOR OR RACE <u>White</u>
(18) BIRTHPLACE <u>Hanover S.C.</u>	(19) OCCUPATION <u>Wife</u>

(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed May 31 1921 (28) J. H. Boyd M.D. 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. If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.