

Form No 1.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Williamsburg</u>		STATE OF SOUTH CAROLINA		87803	
Township of <u>Monrovia</u>		Bureau of Vital Statistics		State Board of Health	
Inc. Town of _____		Registration District No. <u>4306</u>		Registered No. <u>96</u>	
City of _____		(For use of Local Registrar)		St.; _____ Ward	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. _____)		If child is not yet named, make supplemental report as directed	
(2) Full Name of Child <u>Inf. Eugene Carter</u>					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 4, 1916</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Joseph Carlton Carter</u>			(14) NAME BEFORE MARRIAGE <u>Eugenia Robbins</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wadley S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cades S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Williamsburg Co. S.C.</u>			(18) BIRTHPLACE <u>Charleston Co. S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth { <u>4</u> }			(21) Number of children of this mother now living, including present birth { <u>4</u> }		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4 o'clock P.M.</u> (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>L. A. Carter</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Cades S.C. R.I.</u>					
Given name added from a supplemental report _____, 191...			(26) Witness <u>M. R. D. Baker</u> (Signature of Witness necessary only when question 23 is signed by mark)		
Registrar _____			(27) Filed <u>Dec. 6, 1916</u> (28) <u>J. T. Grimes</u> 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.