

Form No 1.

(1) PLACE OF BIRTH

County of Williamsburg

Township of Marion

Inc. Town of \_\_\_\_\_  
or \_\_\_\_\_

City of \_\_\_\_\_  
(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  
**87803**

Registration District No. 4306 Registered No. 96  
(For use of Local Registrar)

(2) Full Name of Child Infant Eugene Carter } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 4 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Carlton Carter

(9) PRESENT POSTOFFICE OF FATHER Marion S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
(Years)

(12) BIRTHPLACE Williamsburg Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth } 4

MOTHER.

(14) NAME BEFORE MARRIAGE Engenia Robbins

(15) PRESENT POSTOFFICE OF MOTHER Cades S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25  
(Years)

(18) BIRTHPLACE Charleston Co. S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth } 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 o'clock P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) L. A. Carter

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cades S.C. S.C.

Given name added from a supplemental report

(26) Witness M. R. D. Carter  
(Signature of Witness necessary only when question 23 is signed by mark)

....., 191.....  
Registrar

(27) Filed Dec 6 1916 (28) J. T. Grimes  
Local Registrar

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.

Conv. of Columbia

\*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.