

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
Township of 11
or
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

36589

Registration District No. 4108

Registered No.
(For use of Local Registrar)

(2) Full Name of Child Maria Carter

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 15, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnson Carter
(9) PRESENT POSTOFFICE OF FATHER Mayesville S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Spartanburg Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Pegg
(15) PRESENT POSTOFFICE OF MOTHER Mayesville S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40 (Years)
(18) BIRTHPLACE Orange, S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Orange S.C.

Given name added from a supplemental report

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

(27) Filed 19

(28) 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.