

(1) PLACE OF BIRTH

County of

Township of

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

16570

Registration District No. 3803

Registered No. 82
(For use of Local Registrar)(2) Full Name of Child Earl Carter

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet?
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Mar 31 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 37
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles Barber(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Holbrook P.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(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.