

Form No. 1

(1) PLACE OF BIRTH

County of Spartan
 Township of Providencia
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

30359

Registration District No. 4.1.25 Registered No. 7.3
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH September 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Carter
 (9) PRESENT POSTOFFICE OF FATHER Dalzell S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 47
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 110

MOTHER.

(14) NAME BEFORE MARRIAGE Lily Jennings
 (15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 37
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Offie Anderson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. Eva Burkhardt
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept. 24 1923 (28) J. B. Raffell
 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.