

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 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. 4195 Registered No. 73
 (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 <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>September 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Julius Carter

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

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 47
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) 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
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) 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 blue at..... 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 midwife (25) Address of Physic. or Midwife Dalzell S.C.

Given name added from a supplemental report

..... 19.....
 Registrar

(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. Raffill
 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.