

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of York

Township of Kings Mt.

or

Inc. Town of Chorse

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4407

22 050133

Only

Registered No. 84

(For use of Local Registrar)

Ward

2. FULL NAME OF CHILD

Helena Lucile McCarter

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

3. Boy or Girl

If Plural

4. Twins, triplets or other

6. Premature

7. Are Parents

8. Date of birth

1922

girl

births

5. Number, in order of birth

Full term

Married

Nov 30

(Month, day, year)

9. Full name

FATHER

Samuel A. McCarter

18. Name before marriage

MOTHER

Ida Moses

10. Residence (mailing address)

(If non-resident, give place and State)

19. Residence (mailing address)

(If non-resident, give place and State)

11. Color or race

12. Age at child's birth

(years)

20. Color or race

21. Age at child's birth

(years)

13. Birthplace (city or place)

(State or country)

22. Birthplace (city or place)

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

farmer

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

center

16. Date (month and year last) engaged in this work

now

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

own home

25. Date (month and year) last engaged in this work

now

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

28. If stillborn,

period of gestation

months

weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 P. m. on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 11 P. M. on above date  
(Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities.....

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from

a supplementary report

(Date of)

(Signed)

W. H. McGill

M. D.

or

Midwife

Address

Chorse, S.C.

Filed

Aug 10

1922

Registrar

Registrar