

## (1) PLACE OF BIRTH

County of YorkTownship of Sumpter Creekor  
Inc. Town ofor  
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

43311

Registration District No. W9ARegistered No. 164

(For use of Local Registrar)

(2) Full Name of Child Alaci Neal 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 1  
To be answered only in case of Twin or Triplet(6) Are Parents Married? yes

(7) DATE OF BIRTH

Dec. 17  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Jessie P Carter(9) PRESENT POSTOFFICE OF FATHER Hammond SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 20  
(Years)(12) BIRTHPLACE Hammond SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Betha Boyd(15) PRESENT POSTOFFICE OF MOTHER Hammond SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE Hammond SC(19) OCCUPATION House Wife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21. I hereby certify that I attended the birth of this child, who was born alive 3 P.M. on the date above stated.(22) (Signature) Nancy Bellamy(23) State whether Physician or Midwife (24) Address of Physician or Midwife Hammond SC

Given name added from a supplemental report

(25) Witness Jessie Carter

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

(27) Date Dec 17 1901(28) Signature of Registrar J. A. Bryant

When there was no attending physician or midwife, then the father, husband, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.

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