

(1) PLACE OF BIRTH

County of GreenvilleTownship of LawsonInc. Town of Mountain

City of

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

(2) Full Name of Child

File No.—For State Registrar Only

18787

Registered No.
(For use of Local Registrar){ If child is not yet named, make
supplemental report as directed

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June - 28 - 1912</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME James Luman Carter9) PRESENT POSTOFFICE OF FATHER Mountain In S.C.10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 31
(Years)12) BIRTHPLACE S.C.13) OCCUPATION Columber20) Number of children born to mother, including present birth 6

MOTHER.

14) NAME BEFORE MARRIAGE Wanita Wilson15) PRESENT POSTOFFICE OF MOTHER Mountain In S.C.16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 32
(Years)18) BIRTHPLACE Saluda S.C.19) OCCUPATION House21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Thompson(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife St. Louis S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 19 (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.