

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of Beaufort
 or
 Inc. Town of Beaufort
 or
 City of Beaufort

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar

34816

Registration District No. 6A Registered No. 45
 (For use of Local Registrar)

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

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

(3) SEX Boy (4) Type or Triple (5) Number in order of birth 1 (6) Age yes (7) DATE OF BIRTH Mar. 19, 1923
 To be covered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <u>Ralph E. Carter</u>	(14) NAME BEFORE MARRIAGE <u>May Harper</u>		(14) NAME BEFORE MARRIAGE <u>May Harper</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Beaufort S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Beaufort S.C.</u>		(15) PRESENT RESIDENCE OF MOTHER <u>Beaufort S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u>		(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>	
(12) BIRTHPLACE <u>Colleton County</u>			(18) BIRTHPLACE <u>Columbia S.C.</u>		
(13) OCCUPATION <u>Insurance Company</u>			(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 12/17 23 (28) Registrar

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

REASON RECEIVED FOR BENDING.
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

Revised for Columbia, Columbia, S. C.