

(1) PLACE OF BIRTH

County of Marion
 Township of Reaves
 or
 Inc. Town of.....
 or
 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

Registration District No. 3705

File No.—For State Registrar Only

35544Registered No. 83
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Atticus H. Carter
 (9) PRESENT POSTOFFICE OF FATHER Mullins E. P. R#1
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26
 (Year) (12) BIRTHPLACE Marion Co
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Etta Gore
 (15) PRESENT POSTOFFICE OF MOTHER Mullins S P
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23
 (Year) (18) BIRTHPLACE Harvey Co
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour (A.M. or P.M.))
 (23) (Signature) J. L. Martin
 (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Mullins S P

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Oct 30 1922 (28) J. H. Whipple 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.

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