

Form No. 1

(1) PLACE OF BIRTH

County of ClarendonTownship of St Paul

Inc. Town of .....

City of (No. ....) Sl.; .... Ward

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

2) Full Name of Child Anna Carter

File No.—For State Registrar Only

45882

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1311 Registered No. 7

(For use of Local Registrar)

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

3) SEX OR GENDER <u>Female</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Age of Parent <u>26</u> <small>Married?</small>	(7) DATE OF BIRTH <u>Jan 7 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

## MOTHER.

8) FULL NAME <u>Thomas Carter</u>	(14) NAME BEFORE MARRIAGE <u>Mary ?</u>
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9) PRESENT RESIDENCE <u>Hammon St. Clarendon Co</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Hammon St. Clarendon S.C.</u>
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(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>7</u> <small>(Years)</small>
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(18) BIRTHPLACE <u>Clarendon Co</u>	(19) OCCUPATION <u>Farmer</u>
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(20) OCCUPATION <u>Farmer</u>	(21) Number of children of this mother now living, including present birth <u>7</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Dr. A. H. Johnson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

By I. C. Allen, M.D.

Given name added from a supplemental report

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

(27) Filed 1-14-16 (28) Henry King 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and an. the FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 5.