

(1) PLACE OF BIRTH

County of Charleston
Township of
or
Inc. Town of
or
City of Charleston
(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 —
80556

Registration District No. 7A Registered No. 1156
(For use of Local Registrar)

(2) Full Name of Child James Carter

BOY OR GIRL? Boy

(4) Twin or Triplet? No.
(5) Number in order of birth 77
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH October 23
(Name of Month) (Day) (Year) 1916

FATHER.
(8) FULL NAME Ben Carter

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 16
(Years)

(12) BIRTHPLACE Wadmalaw Isl.

(13) OCCUPATION Laborer

(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Cydia Carter

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 16
(Years)

(18) BIRTHPLACE Wadmalaw

(19) OCCUPATION domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Wm. McPrather, M.D.

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

Given name added from a supplemental report
191.....
Registrar

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

(27) Filed 10/26/16 191..... (28) J. Mercedes 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.