

(1) PLACE OF BIRTH

County of Colleton
 Township of Warren
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 1410

No. 43786
 (For use of Local Registrar)

Registered No.
 (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 Loraine Carter If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER girl (4) Twin or Triplet ☒ (5) Number in order of birth 6th (6) Sex of Parents fn (7) DATE OF BIRTH July 2, 1944
 (Month of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Richard Carter</u>	(10) NAME BEFORE MARRIAGE <u>Mable Brown</u>	(10) NAME BEFORE MARRIAGE <u>Mable Brown</u>	(10) NAME BEFORE MARRIAGE <u>Mable Brown</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Colleton S.C.</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Colleton S.C.</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Colleton S.C.</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Colleton S.C.</u>
(11) COLOR OR RACE <u>wh</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Year)	(11) COLOR OR RACE <u>wh</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Year)
(12) BIRTHPLACE <u>S.C.</u>	(12) BIRTHPLACE <u>S.C.</u>	(12) BIRTHPLACE <u>S.C.</u>	(12) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Mr. L.S. Sawmill</u>	(13) OCCUPATION <u>Home work</u>	(13) OCCUPATION <u>Home work</u>	(13) OCCUPATION <u>Home work</u>
(14) Number of children born to mother, including present birth <u>1</u>	(14) Number of children born to mother, including present birth <u>1</u>	(14) Number of children born to mother, including present birth <u>1</u>	(14) Number of children born to mother, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. Carter
 (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife Colleton S.C.

Given name added from a supplemental report

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

(27) Filed July 1, 1944 (28) H. M. Kinsley
 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.