

(1) PLACE OF BIRTH

County of Aurora.....Township of Aurora.....Inc. Town of Aurora.....City of Aurora.....

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

(2) Full Name of Child Lennie William Carter...

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age <u>2 yea</u>	(7) DATE OF BIRTH <u>Oct. 20, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Jessie Columbus Carter</u>			(14) NAME BEFORE MARRIAGE <u>Willie Margaret Jagers</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Aurora, A.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Aurora, A.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>33</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>32</u> (Year)	
(12) BIRTHPLACE <u>Marlboro, County</u>			(18) BIRTHPLACE <u>Oklahe, A.C.</u>	
(13) OCCUPATION <u>Machinist</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:30 P.M. on the date above stated. (Born alive or stillborn) (Hour 'M. or P.M.)(23) (Signature) W. B. Burgess M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Aurora, A.C.

Given name added from a supplemental report

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

(27) Filed Jan 10, 1924 at Aurora 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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WRITE PLAINLY. WITH ONE WORD ONLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH. FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1, answer in Column, Column, B. C.

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

No. 43035

Registration District No. 41-ARegistered No. 215
(For use of Local Registrar)(No. 215 of A. Council St.; Ward)