

## (1) PLACE OF BIRTH

County of EdgefieldTownship of Collins

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1802

No. for State Registrar Only

40062

Registered No. 34

(For use of Local Registrar)

(2) Full Name of Child Louise Carter

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age Present Married?

(7) DATE OF BIRTH

Dec 2, 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Antony Carter

(9) PRESENT POSTOFFICE OF FATHER

Wadsworth

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

24  
(Years)

(12) BIRTHPLACE

Edgefield Co SC

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Adeline Keowney

(15) PRESENT POSTOFFICE OF MOTHER

Wadsworth

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

21  
(Years)

(18) BIRTHPLACE

Edgefield Co SC

(19) OCCUPATION

Housewife

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

Three

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

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Lizer Peterson  
Wadsworth

(Given name added from a supplemental report)

(25) Witness

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

(26) Date

Dec 10, 23

(27) Signature

H. H. Charles  
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.