

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 R. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 4.  
 DIVISION OF SOUVENIRS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of **SUMTER, S. C.**

Township of .....

or  
Inc. Town of .....

or  
City of **SUMTER, S. C.**

(If birth occurred in 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

No. **3029A** for State Registrar Only

Registration District **North 41-A** Registered No. **151**  
(For use of Local Registrar)

(2) Full Name of Child **Nathan Carter** If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL <b>Boy</b>	(4) Twin or Triplet <input type="checkbox"/> To be answered only in case of Twin or Triplet	(5) Number in order of birth <b>1</b>	(6) Are Foreign Marriages <b>yes</b>	(7) DATE OF BIRTH <b>Sept 4 1923</b> (Month of Birth) (Day) (Year)
-------------------------------	--	--	---	--

**FATHER**

(8) FULL NAME **Willie Carter**

(9) PRESENT POSTOFFICE OF FATHER **Sumter - S. C.**

(10) COLOR OR RACE **Black** (11) AGE AT LAST BIRTHDAY **27**  
(Year)

(12) BIRTHPLACE **S. C.**

(13) OCCUPATION **Saw mill**

(14) Number of children born to mother, including present birth **7**

**MOTHER**

(15) NAME BEFORE MARRIAGE **May Thomas**

(16) PRESENT POSTOFFICE OF MOTHER **Sumter - S. C.**

(17) COLOR OR RACE **Black** (18) AGE AT LAST BIRTHDAY **28**  
(Year)

(19) BIRTHPLACE **S. C.**

(20) OCCUPATION **Housework**

(21) Number of children of this mother now living, including present birth **7**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) **Susie Omore**  
(24) State whether Physician or Midwife **midwife** (25) Address of Physician or Midwife **Sumter S. C.**

Given name added from a supplemental report

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

(27) Filed **Oct 5 1923** (28) **D. O. Branning** 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.