

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Richmond

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45130

Township of Richmond

Inc. Town of .....

Registration District No. 106Registered No. 2

(For use of Local Registrar)

City of .....

(No. ....)

St.; .... Ward)

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

(2) Full Name of Child Martha Carter

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

(3) ~~NOT-OR~~  
GIRL?(4) Twin 2  
or Triplet?(5) Number in  
order of birth 2

To be answered only in event of Twins or Triplets

(6) Are 2  
Parents  
Married?(7) DATE OF  
BIRTH Jan. 8, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Sam Carter(9) PRESENT  
POSTOFFICE  
OF FATHER Rock Land(10) COLOR  
OR  
RACE negro(11) AGE AT LAST  
BIRTHDAY 41  
(Years)(12) BIRTHPLACE A. C.(13) OCCUPATION Farmer Laborer(20) Number of children born to  
mother, including present birth 2

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Flora Frazier(15) PRESENT  
POSTOFFICE  
OF MOTHER Rock Land(16) COLOR  
OR  
RACE negro(17) AGE AT LAST  
BIRTHDAY 24  
(Years)(18) BIRTHPLACE A. C.(19) OCCUPATION Housewife(21) Number of children of this mother  
now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:15 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma Sims

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Wilton - 5, S.C.Given name added from a supplemen-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Jan 9, 1916 (28) J. E. Ribble Jr.  
Registrar 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 5.

McCaw, of Columbia