(1) PLACE OF BIRTH

County of Greenwood

Township of Ninety Six

or

Inc. Town of

or

City of

(If birth occurs in a 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

Registration District No. 513 Registered No. 27
(For use of Local Registrar)

(No. St.; Ward)

File No.—For State Registrar Only
10053

(2) Full Name of Child George Edward Carbarter

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH April 3 1914 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Carbarter

(9) PRESENT POSTOFFICE OF FATHER Ninety Six R F D #1

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Farm Hand

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Carter

(15) PRESENT POSTOFFICE OF MOTHER Echo, S C R F D #1

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Aiken Co

(19) OCCUPATION Wife and Field Hand

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Hayes & Nicholson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Echo S C

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed May 6 1914 (28) J W Johnson
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.