

(1) PLACE OF BIRTH

County of BelkintonTownship of Congareeor
Inc. Town ofor
City of

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

(2) Full Name of Child Justin Carter JosephFile No.—For State Registrar Only
39252

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 3105 Registered No. 114
(For use of Local Registrar)(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 6 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius Carter(9) PRESENT POSTOFFICE OF FATHER New Brookland S.C.(10) COLOR OR RACE Celard (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Irvington County S.C.(13) OCCUPATION farming(14) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Williams(15) PRESENT POSTOFFICE OF MOTHER New Brookland D.C.(16) COLOR OR RACE Celard (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Richland County S.C.(19) OCCUPATION farming(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 7 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Felicia D.P.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Mrs. Rhoda Wiley Felician

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 11/20 1922 (28) J. C. Lybrand
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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