

(1) PLACE OF BIRTH

County of Charleston
Township of Kingsfield
or
In Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 406

No. 22550

Registered No. 115
(For use of Local Registrar)

(No. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

3 SEX OF CHILD Girl 4 Twin or Triplet
To be answered only in event of Twin or Triplet

5 FULL NAME Will Carter

6 PRESENT POSTOFFICE OF FATHER Summerville

7 COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Years)

12 BIRTHPLACE SB

13 OCCUPATION Jack Hand RR

20 Number of children born to mother, including present birth 2

8 Are Parents Married Yes (7) DATE OF BIRTH July 27 1923
(Year of birth) (Day) (Year)

14 NAME BEFORE MARRIAGE Lois Snoddy

15 PRESENT POSTOFFICE OF MOTHER Summerville

16 COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19 (Years)

18 BIRTHPLACE SB

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 born alive 10:30 a M.,
on the date above stated. born alive stillborn Hour M. or P. M.

(23) (Signature) James P. Gibson M.D. (24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Summerville

Given name added from a supplemental report

(26) Witness (Signature of Witness) Chapman
when question 22 is signed by parent

(27) Filed Aug 1 1923 (28) 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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