

File No.—For State Inspector Only

County of W. E. P. 111 124  
 Township of Sharon  
 or  
 Inc. Town of .....  
 or  
 City of .....

**STATE OF SOUTH CAROLINA**

Bureau of Vital Statistics  
State Board of Health

**12985**

Registration District No. 957 Registered No. 177777  
(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 Isabella Carter ----- If child is not yet named, make supplemental report as directed

(1) <b>Sex</b> Girl	(2) <b>Title or Name</b> To be answered only in event of Twins or Triplets	(3) <b>Number in order of birth</b> 1	(4) <b>Are Parents Married?</b> Yes	(5) <b>DATE OF BIRTH</b> (Name of Month) (Day) (Year) May 11 1923
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## FATHER

10) FULL NAME *Christopher Cook*

11) PRESENT POST OFFICE OF FATHER *Yucca*

12) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *21* (Yours)

13) BIRTH PLACE *Beaufort Co*

14) OCCUPATION *Rubber work*

15) Number of children born to mother, including present birth *1*

**MOTHER.**

(14) NAME BEFORE MARRIAGE Rachel Johnson  
(15) PRESENT POSTOFFICE OF MOTHER Yemassee  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE Beaufort Co  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(25) I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M.,  
on the date above stated. (Baby alive or stillborn) (Hour A. M. or P. M.)

(26) (Signature) Philip S. Smith, M.D.  
(24) State whether Physician or Midwife | (28) Address of Physician or Midwife

(Given name added from a supplement-  
tal report)

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

(27) Filed ..... 19 ..... (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.