

## (1) PLACE OF BIRTH

County of Charleston  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston  
 (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

File No.—For State Registrar Only

25085

Registration District No. 9ARegistered No. 1141  
(For use of Local Registrar)

St. .... (For use of Local Registrar)

## (2) Full Name of Child

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

3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Aug 22 1913  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

George E. Carter

9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

26  
(Years)

12) BIRTHPLACE

Charleston S.C.

13) OCCUPATION

Carpenter

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

Three

## MOTHER.

(14) NAME BEFORE MARRIAGE

Etta Telesline

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Housekeeper

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Elihu J. Fuller

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

46 Morris St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

8/14

19

W. H. Morris

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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