

Form No. 1.

(1) PLACE OF BIRTH

County of Canderson  
Township of Belton  
or  
Inc. Town of Belton  
or  
City of Belton

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

44540-2

Registration District No. 300 Registered No. 2  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. 4 Ward 4

(2) Full Name of Child Glenn Jackson Carter } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 13 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 7 1911  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. J. Carter  
(9) PRESENT POSTOFFICE OF FATHER Belton S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)  
(12) BIRTHPLACE Londale, N.C.  
(13) OCCUPATION Card Room Cotton Mill  
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Emmie Darby  
(15) PRESENT POSTOFFICE OF MOTHER Belton S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Canderson Co. S.C.  
(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 Alive at 5 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Carter, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

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

(27) Filed 1-19 1916 (28) J. P. Carter 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.

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.