

(1) PLACE OF BIRTH

County of Georgetown

Township of

or
Inc. Town ofor
City of Georgetown (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 William Logan Carter

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No
To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) Jan (Day) 29 (Year) 1923

(8) FULL NAME

George Christopher Carter

(9) PRESENT POSTOFFICE OF FATHER

Georgetown, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE

Charleston, C.

(13) OCCUPATION

Engineer

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

4

(14) NAME BEFORE MARRIAGE

Mary May Lee

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE

Georgetown, C.

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A. M. on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Burton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Georgetown

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

Jan 29 1923

(28)

Mrs. P. C. King

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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