

(1) PLACE OF BIRTH

County of AikenTownship of Green

or

Inc. Town of Warrenville

or

City of

(No. St.; Ward)
(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

24486

Registration District No. 204 Registered No. 600

(For use of Local Registrar)

(2) Full Name of Child Charles Levi Carter

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 16, 1922</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Charles Tinkney Carter(9) PRESENT POSTOFFICE OF FATHER Warrenville(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Lodge, S.C.(13) OCCUPATION Cotton mill(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Susie Willie(15) PRESENT POSTOFFICE OF MOTHER Warrenville(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Aiken(19) OCCUPATION Housekeeping(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. M. H. Livingston Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Warrenville, S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness Mrs. M. H. Livingston Midwife
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 20, 1922 (28) M. H. Livingston, S.C. 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.