

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

5-25-43

U. S. Dept. of Commerce
 Bureau of the Census

22 049341

FILE No.—For State Registrar Only
 01210

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics

1. PLACE OF BIRTH
 County of.....
 Township of.....
 or
 Inc. Town of.....
 or
 City of.....
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 8a Registered No.
 (For use of Local Registrar)

(No.) St.; Ward
 (If child is not yet named, make supplemental report as directed.)

2. FULL NAME OF CHILD EMANUEL CARTER

3. Sex or ~~Sex~~ Boy If Plural births Boy 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? Yes 8. Date of birth Sept. 26 1943 (Month, day, year)

9. Full name Grant Carter FATHER

18. Name before marriage Annie Jackson MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Columbia

19. Residence (mailing address) (If non-resident, give place and State) Columbia

11. Color or race colored 12. Age at child's birth 21 (years)

20. Color or race colored 21. Age at child's birth 19 (years)

13. Birthplace (city or place) (State or country) Columbia, S.C.

22. Birthplace (city or place) (State or country) Columbia, S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Registered

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House work

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. In the Public House

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work.....

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 4 1/2 yrs

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 2:30 P. m. on the date above stated.
 (Born alive or stillborn)

(Signed) Annie Carter MOTHER, Parent

or....., Guardian
 Address 236 West M. Patterson St.

Filed Aug. 21 1943 L.A. Risor, MD Registrar.