

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

1. PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Columbia

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 18, a

22 049341

FILE No.—For State Registrar Only

01210

Registered No. (For use of Local Registrar)

4th Ward

2. FULL NAME OF CHILD

EMANUEL CARTER

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

3. Sex or ~~Sex~~

Boy

If Plural

births

4. Twin, triplet or other

6. Premature

7. Are Parents

8. Date of

birth

Sept. 26

1922

5. Number, in order of birth

Full term

Married?

(Month, day, year)

9. Full name

FATHER

Grant Carter

18. Name before marriage

MOTHER

Annie Jackson

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)

Columbia, S.C.

(State or country)

22. Birthplace (city or place)

Columbia, S.C.

(State or country)

OCCUPATION

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

Registered

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

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

OCCUPATION

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

House work

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

In the Public House

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

1

(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, 1922 L. A. Risor, MD Registrar