

(1) PLACE OF BIRTH  
County of Greenville

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

File No.—For State Registrar Only  
**46305**

Township of .....  
or  
Inc. Town of Piedmont Registration District No. 22 Registered No. 7  
or  
City of ..... (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 A. C. Carter } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? N (5) Number in order of birth ..... (6) Are Parents Married? Y (7) DATE OF BIRTH Jan 18 1916  
To be answered only in event of twins or triplets (Same of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Walter Carter  
(9) PRESENT POSTOFFICE OF FATHER Piedmont  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Greenville Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth } ..... 2 .....

MOTHER.  
(14) NAME BEFORE MARRIAGE Sadie Brockman  
(15) PRESENT POSTOFFICE OF MOTHER Piedmont  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Greenville Co  
(19) OCCUPATION House work  
(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 ..... 2 ..... A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Campbell  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Piedmont

Given name added from a supplemental report  
..... 191.....  
..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Feb 9 1916 (28) R. S. Phillips 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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