

## (1) PLACE OF BIRTH

County of SaludaTownship of S

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

22480

Registration District No. 320 Registered No. 35

(For use of Local Registrar)

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet <u>      </u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>      </u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 24, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Joe Carter(9) PRESENT POSTOFFICE OF FATHER Epworth S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Furnace(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellie Stevens(15) PRESENT POSTOFFICE OF MOTHER Epworth S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION       (20) 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 Born alive at 6 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ellie M. Butler(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Meeting Street S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Aug 7, 1923 at Matilda Kirkland 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.