

(1) PLACE OF BIRTH

County of C. Anderson
 Township of A. Mark
 OF
 Inc. Town of.....
 OF
 City of.....

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

File No. - For State Registrar Only
31736

Registration District No. 1310 Registered No. 17
 (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 Leona M. Carter If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Are Parents Married? Yes (6) DATE OF BIRTH Sept. 4, 1923
 (Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME W. J. Fisher
 (8) PRESENT POSTOFFICE OF FATHER W. J. Fisher
 (9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 27 (Year)
 (11) BIRTHPLACE W. J. Fisher
 (12) OCCUPATION Farmer
 (13) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Rose D. Jones
 (15) PRESENT POSTOFFICE OF MOTHER W. J. Fisher
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year)
 (18) BIRTHPLACE W. J. Fisher
 (19) OCCUPATION W. J. Fisher
 (20) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Fisher (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 9, 1923 (28) W. J. Fisher 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.