

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Calhoun  
 Township of Bella  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

No. 44495

Registration District No. 14.01 Registered No. ....  
 (For use of Local Registrar)

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

(2) Full Name of Child Lillian Milledge Carter If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Girl (4) Type or Figure yes (5) Number in order of birth 1 (6) DATE OF BIRTH Dec 23, 1929  
 To be completed in case of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Henry Bryan  
 (9) PRESENT RESIDENCE OF FATHER Buffin S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43  
 (12) BIRTHPLACE Buffin  
 (13) OCCUPATION farmer  
 (14) Number of children born to mother, including present birth 3

MOTHER.  
 (15) NAME BEFORE MARRIAGE Carrie Carter  
 (16) PRESENT RESIDENCE OF MOTHER Buffin  
 (17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 25  
 (19) BIRTHPLACE Lodge S.C.  
 (20) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary Linard  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Buffin S.C.

Given name added from a supplemental report  
 .....  
 19 .....

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Apr 9, 1930 W. H. P. S. S. S. Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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.