

(1) PLACE OF BIRTH

County of Sumter

Township of privateer ..

Inc. Town of.....

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 John Lewis Carter

File No.—For State Registrar Only
16894

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

Registration District No. **4104** .. Registered No. **254** ..
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy	(4) Twin or Triplet? ---	(5) Number in order of birth ---	(6) Are Parents Married? yes	(7) DATE OF BIRTH May, 7th 1922.
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FATHER.	
(8) FULL NAME	Willie Carter

(9) PRESENT POSTOFFICE OF FATHER Tindal, S.C.

(10) COLOR OR RACE **Colored** (11) AGE AT LAST BIRTHDAY **26**
(Years)

(12) BIRTHPLACE Sumter County, S.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth. **Five**

(14) NAME BEFORE MARRIAGE **MOTHER.**
Mary Williams

(15) PRESENT POSTOFFICE OF MOTHER **Bandal 8 C.**

(16) COLOR OR RACE **Colored** (17) AGE AT LAST BIRTHDAY **30** (Years)

Sumter County, S.C.

House and Field work.

(21) Number of children of this mother now living including present birth { **Four**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was... John ... at 4 AM M.,
on the date above stated. Residence (Fullborn) 2 (House 4 M. or P.M.)

(23) (Signature) *[Signature]*

(24) State whether Physician or Midwife ☒ Physician ☐ Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only
when question 22 is signed by respondent)

5-13-1922.

(27) Filed 19 (28)
 San Diego, Calif.
 San Diego, Calif.

*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.