

(1) PLACE OF BIRTH

County of LaurensTownship of Walter

Inc. Town of.....

or

City of.....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15608

Registration District No. 2902 Registered No. 52

(For use of Local Registrar)

(2) Full Name of Child Messie Carter

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 7, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Ed. Carter</u>	(14) NAME BEFORE MARRIAGE <u>Bama Young</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Winton P.O.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Winton P.O.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>P.O.</u>	(18) BIRTHPLACE <u>P.O.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Aggie Kelly(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Winton P.O.

Given name added from a supplemental report

(26) Witness Mrs. J. L. N. Bailey
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 1, 1922 (28) J. L. N. Bailey 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.

MARGIN RESERVED FOR BINDING.

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 5.

RECEIVED OF COLUMBIA, S. C.

Registrar Only

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Ward

med. make a directed

25

(Year)

Lilbaid

R 4

28

(Year)

30

M.

or P. M.)

Midwife

C

Registrar

M.R.