

(1) PLACE OF BIRTH

County of Anderson
 Township of Clematowille
 or
 Inc. Town of
 or
 City of Anderson

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

(2) Full Name of Child Mary Cora

(3) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 27, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. J. Carter
 (9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Anderson
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Warr
 (15) PRESENT POSTOFFICE OF MOTHER Anderson
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Anderson S.C.
 (19) OCCUPATION Farming
 (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 Born alive at 11 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sawiniah Harris (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(26) Witness M. C. Carter
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4-7-22 (28) F. B. CRAYTON, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., shall report as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

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

Registration District No. 303

File No.—For State Registrar Only

6430

Registered No. 21
 (For use of Local Registrar)

(No. St.; Ward)

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