

(1) PLACE OF BIRTH

County Claarendon  
Township of S. James  
or  
Inc. Town of ..  
or  
City of ..

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6578

Registration District No. 1309 Registered No. 14  
(For use of Local Registrar)

(2) Full Name of Child Sarah Carter

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

(3) SEX Female (4) TWINS or Triplets 2 (5) Number in order of birth 2 (6) Age at Birth 23 (7) DATE OF BIRTH Feb 28 23  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME New Carter  
(9) PRESENT POSTOFFICE OF FATHER Summerton SC 44  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 44  
(12) BIRTHPLACE Claarendon SC  
(13) OCCUPATION Job Work  
(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Elsie Morris  
(15) PRESENT POSTOFFICE OF MOTHER Summerton SC  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26  
(18) BIRTHPLACE Claarendon SC  
(19) OCCUPATION Home  
(21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Elsie 5-30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lulu Lemon  
(24) State Whether Physician or Midwife (25) Address of Physician or Midwife Summerton SC

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)  
(27) Filed Mar 24 1923 (28) J. C. Pickney 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.