

(1) PLACE OF BIRTH

County of Bamberg
Township of 3 miles

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

File No.—For State Registrar Only
63135

Inc. Town of or
or
Registration District No. Registered No. 87
(For use of Local Registrar)
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 Not named } If child is not yet named, make supplemental report as directed

(3) ~~Is~~ GIRL? (4) Twin or Triplet? twins (5) Number in order of birth 2 (6) Are Parents Married? (7) DATE OF BIRTH June 20 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Joe Carter
(9) PRESENT POSTOFFICE OF FATHER Edwards R.F.D.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Bamberg County Edwards
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth } 2

MOTHER.
(14) NAME BEFORE MARRIAGE Sarah Crosby
(15) PRESENT POSTOFFICE OF MOTHER Edwards R.F.D.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Calleton County
(19) OCCUPATION House Wife + Farm work
(21) Number of children of this mother now living, including present birth } 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Joe Roberts M.D.
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7/18 1916 (28) J. Herndon 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.

FORM NO. 6. MARGIN RESERVED FOR BINDING.
WHITE PAPER, WITH LEADING 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.
Metcalf, of Columbia.