

Form No. 1

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Reel  
 or  
 Inc. Town of Swainsboro  
 or  
 City of Swainsboro  
 (If birth occurs in a hospital or other institution, give name 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

40991

Registration District No. 509 Registered No. 60  
 (For use of Local Registrar)

City of Swainsboro (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of street and number.)

(2) Full Name of Child Charlie Carter If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 22 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Isaac Carter  
 (9) PRESENT POSTOFFICE OF FATHER Lyndhurst  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE Hickory Hill  
 (13) OCCUPATION Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE Idea Ray  
 (15) PRESENT POSTOFFICE OF MOTHER Lyndhurst  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Barkley Spring  
 (19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

(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 born alive at 9 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carrie H. Moore(24) State whether Physician or Midwife Physician or Midwife

Given name added from a supplemental report

(26) Witness W. B. Parker  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 21 1922 (28) Mr. Parker 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.

FOR USE OF COLUMBIA, COLUMBIA, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.