

(1) PLACE OF BIRTH

County of FlorenceTownship of Jeno Bay

Inc. Town of

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

1918

Registration District No. 2018 Registered No. 6

(For use of Local Registrar)

St.; 1st Ward(2) Full Name of Child Sheddo Carter

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth one(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 16 1918

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jimmie Carter

(9) PRESENT POSTOFFICE OF FATHER

Effingham S.C.(10) COLOR OR RACE color(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE

J.W. Gov. Place.

(13) OCCUPATION

Farmer(16) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE

Hessie Hawkins

(15) PRESENT POSTOFFICE OF MOTHER

Effingham S.C.(16) COLOR OR RACE color(17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE

Hawkins

(19) OCCUPATION

farmer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was live at 3:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Effingham S.C.Darles Pickett

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 1918

(28)

D. C. Neel

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.

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