

(1) PLACE OF BIRTH

County of Florence

Township of Jeno Bay

or Inc. Town of

or 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

4983

Registration District No. J.O.I.X. Registered No. 6

(For use of Local Registrar)

2) Full Name of Child Shado Carter

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>one</u>	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 16 1914</u>
<small>To be answered only in case of Twins or Triplets</small>				<small>(Name of Month) (Day) (Year)</small>

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. Cox. 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 born at 3 0 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 Midwife (25) Address of Physician or Midwife Effingham S.C.

Darles Pickett

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 Feb 16 1914 (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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