(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
32274

County of Barnwell
Township of Cross Anchor
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 43 Registered No. 95
(For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	To be answered only in event of Twins or Triplets		Yes	Sept. 14, 1922

FATHER.

(8) FULL NAME: Richard Carter
(9) PRESENT POSTOFFICE OF FATHER: Ennarce S.C.
(10) COLOR OR RACE: Colored
(11) AGE AT LAST BIRTHDAY: 18 (Years)
(12) BIRTHPLACE: Laurens Co
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE: Ada Langston
(15) PRESENT POSTOFFICE OF MOTHER: Ennarce, S.C.
(16) COLOR OR RACE: Colored
(17) AGE AT LAST BIRTHDAY: 16 (Years)
(18) BIRTHPLACE: Laurens
(19) OCCUPATION: Domestic
(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 alive (Born alive or stillborn) at 4:30 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Corrie Dixon
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Ennarce S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Sept 23 1922 (28) C. D. Hanna
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.

MAILING ADDRESS, COLUMBIA, S. C.
M. M.—In case of twins or triplets, fill out a separate certificate for each child, and number them in order of birth.