

(1) PLACE OF BIRTH

County of Yam

Township of

Inc. Town of

or

City of Hamlet

(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

No. for State Registrar Only
3800C

Registration District No. H 406

Registered No. 86
(For use of Local Registrar)

(2) Full Name of Child Margaret C. Carter

(No. St. Ward)
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>4</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Nov 18 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Edwin Carter</u>			(14) NAME BEFORE MARRIAGE <u>Queen Copeland</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hamlet</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hamlet</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>20</u>			(17) AGE AT LAST BIRTHDAY <u>28</u>	
(12) BIRTHPLACE <u>Ponca City Okla</u>			(18) BIRTHPLACE <u>Richmond Va</u>	
(13) OCCUPATION <u>Mill work</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Date given or stated) (Hour) (P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician

<p>Given name added from a supplemental report</p> <p><u>Gannie L. Carter</u></p> <p><u>Feb 25 1924</u></p>	<p>(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p> <p>(26) Filed <u>12/13-23</u></p> <p>(27) Local Registrar <u>A. L. Parker</u></p>
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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.