

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State House of Representatives

No. 10027

Registration District No. 14. A. 9 Registered No. 17  
(For use of Local Registrar)

(No. of Births in a Hospital) other institution give number of beds instead of street and number  
Name of Child *Perdita Carter* If child is not yet named, make name of child as directed

Sex *girl* Date of Birth *Feb 24 1938*  
To be covered only in event of Twin or Triplet

**FATHER.**  
*Postell Carter*  
*Watkins, E.*  
(11) AGE AT LAST BIRTHDAY *38*  
(Year)

**MOTHER.**  
(14) NAME BEFORE MARRIAGE *Miss Jordan*  
(15) PRESENT RESIDENCE OF MOTHER *W -*  
(16) COLOR *W* (17) AGE AT LAST BIRTHDAY *38*  
(18) BIRTHPLACE *S. C.*  
(19) OCCUPATION *Dom*  
(21) Number of children of this mother now living, including present birth *3*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was *alive* (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(22) (Signature) *J. E. Turner* (23) Address of Physician or Midwife *Wattman, E.*  
(24) State whether Physician or Midwife

Name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(26) Place *Wattman, E.* Local Registrar

There was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathing even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

For Only  
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Ward)  
make  
acted  
or  
P  
M.  
P. M.)  
midwife  
v  
J. E. Turner  
S. C.