

Form No. 3

(1) PLACE OF BIRTH

County of *Orangeburg*Township of *Orange*

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

Registration District No. *3613*

File No. - For State Registrar Only

37172

Registered No. *127*
(For use of Local Registrar)(2) Full Name of Child *Anna Laura Carter*

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

(3) SEX OR <i>girl</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age in years <i>1</i>	(7) DATE OF BIRTH <i>Oct 1, 23</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Ben Carter</i>			(10) NAME BEFORE MARRIAGE <i>Eggie Jones</i>	
(9) PRESENT RESIDENCE OF FATHER <i>Jamison S.C.</i>			(11) PRESENT RESIDENCE OF MOTHER <i>Jamison S.C.</i>	
(12) COLOR OR RACE <i>Col</i>	(13) AGE AT LAST BIRTHDAY <i>37</i> (Year)	(14) COLOR OR RACE <i>Col</i>	(15) AGE AT LAST BIRTHDAY <i>27</i> (Year)	
(16) BIRTHPLACE <i>Orange County S.C.</i>		(17) BIRTHPLACE <i>Orange County S.C.</i>		
(18) OCCUPATION <i>Unemployed Laborer</i>		(19) OCCUPATION <i>House wife</i>		
(20) Number of children born to mother, including present birth <i>4</i>		(21) Number of children of this mother now living, including present birth <i>4</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *girl* at *10:00* P.M.,
on the date above stated. (Name alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary Jenkins*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Jamison S.C.*Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *4-27* 19 *23*(28) *U. A. Hines*
Local RegistrarWhen 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.