

Form No. 3

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Orange

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

37172

Registration District No. 3613Registered 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 <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Current Married <u>yes</u>	(7) DATE OF BIRTH <u>Oct 7, 23</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Ben Carter</u>	(10) NAME BEFORE MARRIAGE <u>Eggie Jones</u>			
(9) PRESENT RESIDENCE OF FATHER <u>Jamison S.C.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Jamison S.C.</u>			
(16) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Year)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Year)	
(12) BIRTHPLACE <u>Orange County S.C.</u>	(13) BIRTHPLACE <u>Orange County S.C.</u>			
(14) OCCUPATION <u>Railroad Laborer</u>	(15) OCCUPATION <u>House wife</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>4</u>			

## 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. (Born alive or stillborn) (Hour A. M. & P. M.)(23) (Signature) Mary Jenkins(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
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 1923 (28) U. A. Priddy  
Registrar 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.