

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45073

Registration District No. 4407

Registered No. 129
(For use of Local Registrar)

(3) BOY OR
GIRL? Boy

(4) Twin
or Triplet?

(5) Number in
order of birth

To be answered only in case of Twins or Triplets

(6) Are
Parents
Married?

(7) DATE OF
BIRTH Dec 6, 1913
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Dr. Walter M. Carter

(9) PRESENT
POSTOFFICE
OF FATHER Clover & C

(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 23
(Years)

(12) BIRTHPLACE York Co

(13) OCCUPATION Farmer

(20) Number of children born to
mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE
MARRIAGE Zonie Deal

(15) PRESENT
POSTOFFICE
OF MOTHER Clover & C

(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 20
(Years)

(18) BIRTHPLACE York Co

(19) OCCUPATION Housewife

(21) Number of children of this mother
now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2:45 A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

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

Given name added from a supplement-
tal report

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Registrar

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

(27) Filed Dec 10 1913 (28) J. E. Brison
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.