

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of Charleston, S.C.

or

City of Charleston, S.C.

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Martha Carter

File No. - For State Registrar Only

17857

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9 ARegistered No. 831

(For use of Local Registrar)

(No. 24 Broad St.; Ward)

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

(3) BOY OR GIRL? G(4) Twin or Triplet? Two(5) Number in order of birth 1st(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 10, 1922
(Name Month) (Day) (Year)

FATHER.

(8) FULL NAME William Carter(9) PRESENT POSTOFFICE OF FATHER 24 Broad(10) COLOR OR RACE C(11) AGE AT LAST BIRTHDAY 39
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Small(15) PRESENT POSTOFFICE OF MOTHER 24 Broad(16) COLOR OR RACE C(17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(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 alive at 1:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Julia Chinner(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife 26 Calhoun

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/16 1922

Registrar

When there was no attending physician or midwife, then the father, household, 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.

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