

## (1) PLACE OF BIRTH

County of Yallor  
 Township of Garrichael  
 OR  
 Inc. Town of .....  
 OR  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**18381**

Registration District No. 1601 Registered No. 41  
 (For use of Local Registrar)

(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 Edna Earl Carter (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 10th 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Walter L. Carter  
 (9) PRESENT POSTOFFICE OF FATHER Waver, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Cox  
 (15) PRESENT POSTOFFICE OF MOTHER Waver, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was born alive at 12 Noon on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) W. A. Andrews

(23) State whether Physician or Midwife

Physician

(24) Address of Physician or Midwife

Rowland, S.C.

Given name added from a supplemental report

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

(26) Filed June 10 22 (27) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc. should make this return. If a child born alive even once, it should be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD and mark the CHILD-NO. NO. 1 THE OTHER NO. 2 etc. in question 5.