

2/24/45  
no case

See  
with

U. S. Dept. of Commerce  
Bureau of the Census

22 049506

1. PLACE OF BIRTH  
County of Richland  
Township of \_\_\_\_\_  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Columbia, S.C. (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 38-a

FILE No.—For State Registrar Only  
00720

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

2. FULL NAME OF CHILD Bessie Winifred Carter { If child is not yet named, make supplemental report as directed

3. Boy or Girl Girl 4. Twins, triplets or other..... 5. Number, in order of birth.....  
6. Premature..... 7. Are Parents Married? yes 8. Date of birth Aug. 1, 1922  
(Month, day, year)

9. Full name John Carter FATHER

18. Name before marriage Lucile Hayes MOTHER

10. Residence (mailing address) Richland, S.C.  
(If non-resident, give place and State)

10. Residence (mailing address) Columbia, S.C.  
(If non-resident, give place and State)

11. Color or race col. 12. Age at child's birth 24 (years)

20. Color or race col. 21. Age at child's birth 23 (years)

19. Birthplace (city or place) Columbia, S.C.  
(State or country)

22. Birthplace (city or place) Columbia, S.C.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

16. Date (month and year) last engaged in this work ..... 19.....

25. Date (month and year) last engaged in this work ..... 19.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at \_\_\_\_\_ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

Registrar.

(Signed) \_\_\_\_\_, Parent  
or Rachel Montgomery, Guardian  
Address 157 Madison St  
Filed 3/2, 1945 S.A. Rivers MD.  
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number each, in order of birth, stated.

(See instructions on Back of Certificate.)