

2/24/45
no case

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.)

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, 1942
(Month, day, year)

9. Full name FATHER
John Carter
10. Residence (mailing address) 1000 1/2 1st St. Columbia, S.C.
(If non-resident, give place and State).....
11. Color or race Col. 12. Age at child's birth 24 (years)
13. 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
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work.....
....., 19....

18. Name before marriage MOTHER
Livie Hayes
19. Residence (mailing address) 1000 1/2 1st St. Columbia, S.C.
(If non-resident, give place and State).....
20. Color or race Col. 21. Age at child's birth 23 (years)
22. Birthplace (city or place) Columbia, S.C.
(State or country)
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work 26. Total time (years) spent 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 715 Madison St.
Filed 3/2, 1945 S.A. Riser, M.D.
Registrar.