

## (1) PLACE OF BIRTH

County of SumterTownship of Rapley

Inc. Town of

City of

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

(2) Full Name of Child John William Carter If child is not yet named, make supplemental report as directed

(3) SEX OR GAY	(4) Twin or Triplet	(5) Number in order of birth	(6) Age at Birth	(7) DATE OF BIRTH
boy		1	yes	Nov 27, 1929

FATHER		MOTHER	
(8) FULL NAME	<u>William H. Carter</u>	(14) NAME BEFORE MARRIAGE	<u>Allie M. Carter</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Rembert S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Rembert S.C.</u>
(10) COLOR OR RACE	<u>negro</u>	(16) COLOR OR RACE	<u>negro</u>
(11) AGE AT LAST BIRTHDAY	<u>20</u>	(17) AGE AT LAST BIRTHDAY	<u>19</u>
(12) BIRTHPLACE	<u>Sumter Co.</u>	(18) BIRTHPLACE	<u>Sumter Co.</u>
(13) OCCUPATION	<u>farm laborer</u>	(19) OCCUPATION	<u>housewife</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature)	<u>John G. Carter</u>	(24) Address of Physician or Midwife	<u>Rembert S.C.</u>
(25) State whether Physician or Midwife	<u>midwife</u>		

Given name added from a supplemental report

(26) Witness N. H. Carter (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Dec. 6, 1929 (28) J. H. Carter 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.