

Form No. 1

(1) PLACE OF BIRTH

County of CalhounTownship of Vander

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

33912

Registration District No. 1709 Registered No. 24
(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 Helma Carter + If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH April 21, 1922
(Name of Month) (Day) (Year)FATHER. MOTHER.
(8) FULL NAME N. A. Carter + (14) NAME BEFORE MARRIAGE Lutheia Baley +(9) PRESENT POSTOFFICE OF FATHER Wheeler SC (15) PRESENT POSTOFFICE OF MOTHER Wheeler SC(10) COLOR OR RACE White + (11) AGE AT LAST BIRTHDAY 30 (Years) (16) COLOR OR RACE White + (17) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE SC + (18) BIRTHPLACE SC +(13) OCCUPATION Farming + (19) OCCUPATION Housewife +20) Number of children born to mother, including present birth 3 21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amelia Brigh

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

19 Registrar

(27) Filed 1922 James Brannen Padgett 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.