

(1) PLACE OF BIRTH

County of

Township of

or
In Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

30176

Registration District No.

Registered No.

(For use of Local Registrar)

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Margelle M. Carter

If child is not yet named, make supplemental report as directed

Sex of Child

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

Full Name

James M. Carter

Present Postoffice of Father

Campbell, S.C. 43

Color or Race

White

(11) AGE AT LAST BIRTHDAY

22 (Years)

(8) BIRTHPLACE

S.C.

(9) OCCUPATION

Farmer

Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Cleo Mayby

(15) PRESENT POSTOFFICE OF MOTHER

Campbell, S.C. 43

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician, Campbell, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1/28 1923

(28)

C. L. Mayby

Local Registrar

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.