

(1) PLACE OF BIRTH

County of Adams
 Township of Windsor
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

9697

Registration District No. 216 Registered No. 11
 (For use of Local Registrar)

(2) Full Name of Child Dorothy Carter (No. St. Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

(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 Jan 16, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ian Carter
 (9) PRESENT POSTOFFICE OF FATHER White Pond
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Chapel Hill Co
 (13) OCCUPATION Saw mill work
 (20) Number of children born to mother, including present birth 9

MOTHER

(14) NAME BEFORE MARRIAGE Betha Bell
 (15) PRESENT POSTOFFICE OF MOTHER White Pond
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Barnwell Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) A. S. Blalock
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Wellish

Given name added from a supplementary report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date 2-20-1922 (28) O. L. Wells 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 24th month of pregnancy.