

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Campobello
 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

15840

Registration District No. 9000

Registered No. 17
 (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 W. L. Carter If child is not yet named, make supplemental report as directed

3 SEX OF CHILD Male **4** Twin or Triplet? No **(5)** Number in order of birth 1 **(6)** Are Parents Married? Yes **(7)** DATE OF BIRTH May 16 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME W. L. Carter
9 PRESENT POSTOFFICE OF FATHER W. L. Carter
10 COLOR OR RACE White **(11)** AGE AT LAST BIRTHDAY 38
12 BIRTHPLACE S.C.
13 OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE May Brandette
(15) PRESENT POSTOFFICE OF MOTHER Welford R.C. #2
(16) COLOR OR RACE White **(17)** AGE AT LAST BIRTHDAY 31
(18) BIRTHPLACE S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. B. Morrow **(24)** State whether Physician or Midwife Physician **(25)** Address of Physician or Midwife Campobello St.

Given name added from a supplemental report

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

(27) Filed May 23 1923 **(28)** L. L. Mayberry 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.

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