

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Lynchburg

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.)

(2) Full Name of Child Emma Carter(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 31 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harley Flowers Carter(9) PRESENT POSTOFFICE OF FATHER Lynchburg S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Lee Co. S. C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie McDonald(15) PRESENT POSTOFFICE OF MOTHER Lynchburg S. C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Lee Co. S. C.(19) OCCUPATION Farming(20) 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 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Anne Vickerson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lynchburg S. C. R. P. L. 1

Given name added from a supplemental report

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

(27) Filed 2/5 1916 (28) J. H. McIntosh Jr. 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.

WHILE FILLING IN, WITH READING IN, THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
McGraw-Hill Co. FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

45749

Registration District No. 3002 Registered No. 15

(For use of Local Registrar)

St.; Ward)