

Form No. 1

1) PLACE OF BIRTH

County of Orange
 Township of Wheatland
 or Town of Westminster
 or

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

File No. — For State Registrar Only
15318

Registration District No. 3505 Registered No. 60
 (For use of Local Registrar)
 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

Boy or Girl Girl (1) Twin or Triplet No (2) Number in order of birth 1 (3) Are Parents Married Yes (4) DATE OF BIRTH Feb 7 1923
 To be answered only in event of Twin or Triplet
 (Name of Month) (Day) (Year)

FATHER.

(14) FULL NAME Jay Carter
 (15) PRESENT POSTOFFICE OF FATHER Westminster, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Westminster, S.C.
 (19) OCCUPATION Clock in store

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Rutledge
 (15) PRESENT POSTOFFICE OF MOTHER Westminster, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (18) BIRTHPLACE Naturalga, Ala.
 (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 alive (Born alive stillborn) (Hour, M. or P. M.)
 on the date above stated.

(23) (Signature) C. M. Walker M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

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

(27) James I. St. 1923 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.