

(1) PLACE OF BIRTH

County of Caldwell
 Township of Amelher
 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

29112

Registration District No. 800 Registered No. 121
 (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 Laurie Carter Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? one (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 2 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Laurie Carter Sr.</u>	(14) NAME BEFORE MARRIAGE <u>Lila Carter</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Fort Mott S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fort Mott S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>48</u> (Years)	(16) COLOR OR RACE <u>B</u>	(17) AGE AT LAST BIRTHDAY <u>44</u> (Years)
(12) BIRTHPLACE <u>Richland Co</u>	(18) BIRTHPLACE <u>Richland Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>Six</u>	(21) Number of children of this mother now living, including present birth <u>Six</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M. on the date above stated. (To be filled in or (ilborn) (Hour A. M. or P. M.)

(23) (Signature) Laurie Carter (father)
 (24) State whether Physician or Midwife Address of Physician or Midwife
midwife Hannah Jefferson Ft. Mott S.C.
 (25) Witness J. A. Woodley M.D.
 (26) Signature of Witness necessary only when question 23 is signed by mark
 (27) Filed Sept 6 1922 (28) J. A. Woodley 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.

REGISTRAR (29) Filed Sept 7 1922 (30) J. A. Woodley Local Registrar

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IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, SECOND, ETC., IN QUESTION 5.

RECEIVED OF COLUMBIA. COLORED. 5.

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