

6642

Registered No. 32  
(For use of Local Registrar)

(2) Full Name of Child Alice Carter ----- If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>E</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Mar. 29, 1922</i> (Name of Month) (Day) (Year)
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FATHER.

3. FULL NAME *Bernie Ester*

9) PRESENT POSTOFFICE OF FATHER *St. Stephens*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *24*  
(Years)

(12) BIRTHPLACE *Walterboro*

(13) OCCUPATION: *Farming*

(20) Number of children born to mother, including present birth: 1 2 6

(14) NAME BEFORE MARRIAGE *Victoria Fields*

(15) PRESENT POSTOFFICE OF MOTHER *St. Stephens*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *21* (Years)

(19) BIRTHPLACE *Yarison*

(18) OCCUPATION *Freelance*

(21) Number of children of this mother 1 1

now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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(23) I hereby certify that I attended the birth of this child, who was born alive at 30 M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) James H. [illegible]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 100 [illegible] St. [illegible]

*with the 1st of March*

Given name added from a supplemental report

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

(27) Filed April 19 22 (28) Local Registrar.

When there was no attending physician or midwife, then the father, housewife, or other person present must be reported as stillborn. No report is desired of stillbirths 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.