

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

13746

Registration District No. 504

Registered No. 54  
(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

Zola LaBelle Carter

Child is not yet named; make supplemental report as directed

(3) ~~Was a~~  
GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

May 29 22  
(Name of Month) (Day) (Year)

## FATHER

(9) FULL NAME

Charles Franklin Carter

(10) PRESENT POSTOFFICE OF FATHER

Freda

(11) COLOR OR RACE

White

(12) AGE AT LAST BIRTHDAY

26  
(Years)

(13) BIRTHPLACE

Buenwill Co

(14) OCCUPATION

Farmer

## MOTHER

(15) NAME BEFORE MARRIAGE

Zora Belle Dykes

(16) PRESENT POSTOFFICE OF MOTHER

Freda

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

18  
(Years)

(19) BIRTHPLACE

Buenwill Co

(20) OCCUPATION

Housewife

(21) Number of children born to mother, including present birth

1

(22) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child who was alive at 11:20 A.M. on the date above stated. (Hour . . . M. or P.M.)

(24) (Signature)

D. H. Hammond

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness

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

(28) Date

June 14 22

(29) Local Registrar

D. H. Hammond

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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