

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of .....

Township of .....

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75947

Registration District No. 9X Registered No. 916

(For use of Local Registrar)

(No. 8 Larnes Court St.; ..... Ward)

(2) Full Name of Child, Raymond M. Middleton If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(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

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Wm. Middleton

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Butcher

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

{ ..... 2 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE

Viola Jenkins

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Domestic

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

{ ..... 2 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucy P. Green

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

17 Munson St.

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness

A. R. Meyer

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

(27) Filed

9/26

(28)

J. B. [Signature]

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.