

MARGIN RESERVE FOR BINDING  
 WITH CAPTAIN, ISK—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  
 NEGATIVE OF COLUMBIA, COLUMBIA 8

## (1) PLACE OF BIRTH

County of Charleston  
 Township of James Isd.  
 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

14039

Registration District No. 904 Registered No. 33  
 (For use of Local Registrar)

City of ..... (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 Caribel Champain

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL G 4) Twin or Triplet? ..... 5) Number in order of birth ..... 6) Are Parents married? No 7) DATE OF BIRTH May 22nd 1924  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Wm C Champain  
 9) PRESENT POSTOFFICE OF FATHER Rt. 1, Charleston S.C.  
 10) COLOR OR RACE col 11) AGE AT LAST BIRTHDAY 25  
 12) BIRTHPLACE James Island  
 13) OCCUPATION Farmer  
 20) Number of children born to mother, including present birth 2

## MOTHER.

14) NAME BEFORE MARRIAGE Mary Love Gadsden  
 15) PRESENT POSTOFFICE OF MOTHER Rt. 1, Charleston S.C.  
 16) COLOR OR RACE colored 17) AGE AT LAST BIRTHDAY 20  
 18) BIRTHPLACE James Island  
 19) OCCUPATION Field hand-  
 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 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Watson(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Rt. 1, Charleston

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 10 1924

(28)

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.