

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

(a) BOY OR GIRL?

(b) Twin or Triplet?

(c) Number in order of birth

(d) Are Parents Married?

(e) DATE OF BIRTH

(f) SL: (For use of Local Registrar)

## FATHER.

(g) FULL NAME

(h) PRESENT POSTOFFICE OF FATHER

(i) COLOR OR RACE

(j) AGE AT LAST BIRTHDAY

(k) BIRTHPLACE

(l) OCCUPATION

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

## MOTHER.

(n) NAME BEFORE MARRIAGE

(o) PRESENT POSTOFFICE OF MOTHER

(p) COLOR OR RACE

(q) AGE AT LAST BIRTHDAY

(r) BIRTHPLACE

(s) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was born at 10 A.M. on the date above stated.

(2) (Signature)

(3) State whether Physician or Midwife (4) Address of Physician or Midwife

(5) Given name added from a registration card

(6) Witness

(Signature of Witness necessary only when question 22 is signed by parent)

(7) Filed July 11 1911

(8)

(9) Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return a child born, even if it must not be reported as stillborn. No report is desired of stillbirths before fourth month of pregnancy.

WHEN NEARLY, WITH DYEING INK—THIS IS A PERMANENT RECORD.

K. 20—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.

MacCur of Columbia.

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA.  
 Report of Vital Statistics  
 State Board of Health

File No. For State Registrar Only  
 67868

Registration District No. 1315 Registered No. 15

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

(a) BOY OR GIRL? M (b) Twin or Triplet? (c) Number in order of birth (d) Are Parents Married? yes (e) DATE OF BIRTH July 9 (f) SL: (For use of Local Registrar)

FATHER.  
 (g) FULL NAME Joe Carter  
 (h) PRESENT POSTOFFICE OF FATHER Fortson S.C.  
 (i) COLOR OR RACE B (j) AGE AT LAST BIRTHDAY 32 (Years)  
 (k) BIRTHPLACE Blairden  
 (l) OCCUPATION Farmer  
 (m) Number of children born to mother, including present birth 8

MOTHER.  
 (n) NAME BEFORE MARRIAGE Caroline  
 (o) PRESENT POSTOFFICE OF MOTHER Fortson S.C.  
 (p) COLOR OR RACE B (q) AGE AT LAST BIRTHDAY 27 (Years)  
 (r) BIRTHPLACE Blairden  
 (s) OCCUPATION H.W.  
 (t) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (1) I hereby certify that I attended the birth of this child, who was born at 10 A.M. on the date above stated.  
 (2) (Signature) Caroline  
 (3) State whether Physician or Midwife (4) Address of Physician or Midwife

(5) Given name added from a registration card  
 (6) Witness  
 (Signature of Witness necessary only when question 22 is signed by parent)  
 (7) Filed July 11 1911 (8) (9) Local Registrar

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