

McCaw of Columbia, Columbia, S. C.
 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.

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

County of Harvey
 Township of Summerson Creek
 OR
 Inc. Town of
 OR
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2509 Registered No. 176
 (For use of Local Registrar)

File No.—For State Registrar Only
90400

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 19 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benjamin L Carter
 (9) PRESENT POSTOFFICE OF FATHER Alsbrooks S C
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41
 (12) BIRTHPLACE Harvey Co. S C
 (13) OCCUPATION F Farmer
 (20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Mary A Carter
 (15) PRESENT POSTOFFICE OF MOTHER Alsbrooks S C
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37
 (18) BIRTHPLACE Harvey Co S C
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. M. Prince
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife, Alsbrooks S C

Given name added from a supplemental report
 (26) Witness A Bryant
(Signature of witness necessary only when question 23 is signed by mark)

1916 Registrar (27) FILE Dec 25 1916 (28) J. H. Bryant 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.