

FORM NO. 6 MARGIN RESERVED FOR BINDING. 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. J.C. Caw, of Columbia.

(1) PLACE OF BIRTH

County of *Charleston*
Township of *Edisto Isd.*

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.) (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76096

Registration District No. *904* Registered No. *181*
(For use of Local Registrar)

(2) Full Name of Child *Vera D. Carey* { 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 *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept. 19, 1916*
to be answered only in event of twins or triplets (Name of Month) (Day) (Year) (Yes)

FATHER.

(8) FULL NAME *Jimmie N. Carey*

(9) PRESENT POSTOFFICE OF FATHER *Edisto Isd.*

(10) COLOR OR RACE *Col.* (11) AGE AT LAST BIRTHDAY *51* (Years)

(12) BIRTHPLACE *Ches. Co.*

(13) OCCUPATION *Merchant.*

(20) Number of children born to mother, including present birth { *2* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Julia Brown*

(15) PRESENT POSTOFFICE OF MOTHER *Same*

(16) COLOR OR RACE *Col.* (17) AGE AT LAST BIRTHDAY *27* (Years)

(18) BIRTHPLACE *Same*

(19) OCCUPATION

(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 *Alive* at *8 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Jessie A. Brown*

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

Midwife Edisto Isd.

Given name added from a supplemental report

(26) Witness *J. O. Hea* (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Sept 23, 1916* (28) *J. O. Hea* 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.