

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.

McCaw. of Columbia.

(1) PLACE OF BIRTH
 County of Charleston S. C. **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
76004

Township of
 OR
 Inc. Town of Registration District No. 9A Registered No. 991
 OR
 City of Charleston S. C. (No. 133 Green St.) 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. Charles P. Caravellas } 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 One (6) Are Parents Married? yes (7) DATE OF BIRTH Sept., 1906
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles P. Caravellas
 (9) PRESENT POSTOFFICE OF FATHER Charleston S. C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Yarns Italy
 (13) OCCUPATION Tailor
 (20) Number of children born to mother, including present birth } Three

MOTHER.

(14) NAME BEFORE MARRIAGE Mario Bolo
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S. C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Charleston S. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth } Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Howard
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 139 Wentworth St.

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 9/20 1916 (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.