

WHILE 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.
RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of
or
Inc. Town of
or
City of Charleston

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

File No.—For State Registrar Only
17858

Registration District No. 9A Registered No. 832
(For use of Local Registrar)
(No. 24 Broad 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 Mary Carter If child is not yet named, make supplemental report as directed

3 BOY OR GIRL? Girl 4 Twin or Triplet? Twin 5 Number in order of birth 2 6 Are Parents Married? yes 7 DATE OF BIRTH June 10 22
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
8 FULL NAME Wm. Carter
9 PRESENT POSTOFFICE OF FATHER 24 Broad
10 COLOR OR RACE C 11 AGE AT LAST BIRTHDAY 39
(Years)
12 BIRTHPLACE S. C.
13 OCCUPATION Carpenter
20 Number of children born to mother, including present birth 3

MOTHER.
14 NAME BEFORE MARRIAGE Janie Small
15 PRESENT POSTOFFICE OF MOTHER 24 Broad
16 COLOR OR RACE C 17 AGE AT LAST BIRTHDAY 28
(Years)
18 BIRTHPLACE S. C.
19 OCCUPATION Domestic
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 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Thomas
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 25 Calhoun

Given name added from a supplemental report
.....
.....
..... 19 ..
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 6/16 19 22 (28) J. W. ... 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.

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