

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.

(1) PLACE OF BIRTH

County of Richland

Township of Columbia

Inc. Town of .....

City of Columbia, S.C. (No. 1531 Blk.)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
**16426**

Registration District No. 3rd Registered No. 1336

(For use of Local Registrar)

St.: ..... Ward: .....

(2) Full Name of Child. Frank Benjamin Carter

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? One

(5) Number in order of birth 1st

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 2 1912

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Frank Benjamin Carter

(14) NAME BEFORE MARRIAGE Frank Benjamin Carter

(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.

(10) COLOR OR RACE White

(16) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 24 (Years)

(17) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE Columbia, S.C.

(13) OCCUPATION Pres. Ministerial Student

(19) OCCUPATION School girl

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:40 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert H. Carter, M.D.

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

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 25 is signed by mark)

(27) Filed May 5 1912 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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