

FORM NO. 5  
 MAKING RESERVATION FOR BIRTHING.  
 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 8.

(1) PLACE OF BIRTH

County of York  
 or  
 Township of York  
 or  
 Inc. Town of York  
 or  
 City of York  
 (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

50749

Registration District No. 44 Registered No. 4  
 (For use of Local Registrar)

(2) Full Name of Child

Amie B. Carroll

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 July 13 1916  
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Church Waleford Carroll

(9) PRESENT POSTOFFICE OF FATHER York SC.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE York SC.

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Anna Belle Gladney

(15) PRESENT POSTOFFICE OF MOTHER York SC.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Darfield Co. SC.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 220 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. McDowell

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

M.D. York SC.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

4014 1916 (28) M. J. Warden 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.