

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  
**Charleston**  
County of .....  
Township of .....**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**75966**Inc. Town of **Charleston, S.C.** Registration District No. **9A** Registered No. **943**  
(For use of Local Registrar)  
City of **Charleston, S.C.** (No. **18** **Ashe** 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 **Carrie Maybaub** { 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 **September 1st 1916**  
(Name of Month) (Day) (Year)**FATHER.**(8) FULL NAME **Marion Maybaub**(9) PRESENT POSTOFFICE OF FATHER **18 Ashe Charleston, S.C.**(10) COLOR OR RACE **Caucasian** (11) AGE AT LAST BIRTHDAY **22** (Years)(12) BIRTHPLACE **Mt. Pleasant**(13) OCCUPATION **Shaman U.S.S. Paucker**(20) Number of children born to mother, including present birth **One****MOTHER.**(14) NAME BEFORE MARRIAGE **Carrie Price**(15) PRESENT POSTOFFICE OF MOTHER **Charleston, S.C.**(16) COLOR OR RACE **Caucasian** (17) AGE AT LAST BIRTHDAY **20** (Years)(18) BIRTHPLACE **City**(19) OCCUPATION **Domestic**(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 **1230 P.** M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) **Alfred Nielsen**(24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **286 Meeting**

Given name added from a supplemental report

Amended P-1 **MAY 25 1917**

Registrar

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

(27) Filed **9/17/16** (28) **J. Mercer** 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.