

## (1) PLACE OF BIRTH

County of BeaufortTownship of Sheldonor  
Inc. Town of .....or  
City of .....

(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

63210

Registration District No. 603B Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child Carrie Polite

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 11th, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Robert Polite

(9) PRESENT POSTOFFICE OF FATHER

Yemassee, S. C. R.F.D.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

37

(Years)

(12) BIRTHPLACE

Barney Hall Plantation, S. C.

(13) OCCUPATION

Farmer

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

Eleven (11)

## MOTHER.

(14) NAME BEFORE MARRIAGE

Affie Chisolm

(15) PRESENT POSTOFFICE OF MOTHER

Yemassee, S. C. R.F.D.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

Barney Hall Plantation, S. C.

(19) OCCUPATION

Farm Hand

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

Four (4)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at four P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marion Howard

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

Midwife Yemassee S. C. R. F. D.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 6/14th 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.

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.