

11/27/44

M. H.

part 149, 21 - 22-23

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

**Standard Certificate of Birth**

22 050133 r Only

1. PLACE OF BIRTH  
 County of York  
 Township of Kings Mt  
 or  
 Town of Clouse  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Registration District No. 4407 Registered No. 84  
 (For use of Local Registrar)

2. FULL NAME OF CHILD Melen Lucile McCarter If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>girl</u>	If Plural births	4. Twins, triplets or other	6. Premature	7. Are Parents Married: <u>Yes</u>	8. Date of birth <u>Nov 30 1922</u> (Month, day, year)
9. Full name <u>FATHER</u> <u>Samuel A. McCarter</u>		10. Residence (mailing address) (If non-resident, give place and State) <u>Clouse</u>		18. Name before marriage <u>MOTHER</u> <u>Ida Moses</u>	
11. Color or race <u>W</u>		12. Age at child's birth <u>61</u> (years)		20. Color or race <u>W</u>	
13. Birthplace (city or place) (State or country) <u>York Co. S.C.</u>		22. Birthplace (city or place) (State or country) <u>York Co. S.C.</u>		21. Age at child's birth <u>43</u> (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>renter</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>housework</u>	
16. Date (month and year last) engaged in this work <u>now</u>		17. Total time (years) spent in this work <u>life</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
25. Date (month and year) last engaged in this work <u>now</u>		26. Total time (years) spent in this work		27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>10</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
28. If stillborn, period of gestation _____ months _____ weeks		29. Cause of stillbirth _____			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive at 11 P. m. on the date above stated.  
 (Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 11 P. M. on above date \_\_\_\_\_  
 (Name of Prophylactic)

Cleft Palate \_\_\_\_\_ Hare Lip \_\_\_\_\_ Other Deformities \_\_\_\_\_

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
 (Signed) W. J. McGill M. D.  
 or \_\_\_\_\_ Midwife  
 Address Clouse, S.C.  
 Filed Aug 10 1944 Registrar J. B. Reid

Registrar