

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH ENLARGING 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.

Claw of Columbia

(1) PLACE OF BIRTH
 County of Barnwell
 Township of Red Oak
 or
 Inc. Town of Registration District No. 509 Registered No. 19
 or
 City of (No. St.; Ward)
 (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
58737

(2) Full Name of Child Milton Carter } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 17 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Milton Carter

(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C. R.F.D. 2

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Barnwell S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Rhoda Cain

(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C. R.F.D. 2

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Barnwell S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rhoda Carter

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barnwell S.C. R.F.D. 2

Given name added from a supplemental report

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

(27) Filed May 20 1916 (28) R. L. [Signature] 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.

ninth month of pregnancy.