

MARGIN RESERVED FOR INDEXING. 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.

City of Columbia

(1) PLACE OF BIRTH

County of MarlowTownship of Red Hill

Inc. Town of

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

49917

Registration District No. 3307 Registered No. 15

(For use of Local Registrar)

(2) Full Name of Child Leester Carter

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Feb 21 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don + Kinner

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ann Carter(15) PRESENT POSTOFFICE OF MOTHER Bennettsville(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19

(Years)

(18) BIRTHPLACE SC(19) OCCUPATION Laborer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 night M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Leester Carter

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

Midwife Blenheim

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 male)

(27) Filed Feb 29 1916 (28) R. J. Napier 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.