

FORM NO. 5. MARGIN RESERVED FOR BINDING. WHITE 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 M. CAV. of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Bamberg
 Township of 3 miles
 or
 Inc. Town of Echhardt
 or
 City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
63134

Registration District No. _____ Registered No. 86
 (For use of Local Registrar)
 St.; _____ Ward

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? — <u>one</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 11, 1916</u> <small>Name of Month (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>John Carter</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Echhardt S.C.</u>	(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>	(12) BIRTHPLACE <u>Bamberg Co.</u>
(13) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>one</u>	(14) NAME BEFORE MARRIAGE <u>Peggy Mitchell</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Echhardt S.C.</u>	(16) COLOR OR RACE <u>Negro</u>
(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Bamberg Co.</u>	(19) OCCUPATION <u>Housewife</u>	(21) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 a M., on the date above stated. (Barn alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Copeland M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Echhardt S.C.

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 7/8 1916 (28) Y. J. Herndon
 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.