

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 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of Mt. Pleasant
 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
76067

Registration District No. 9 B Registered No. 49
 (For use of Local Registrar)

(2) Full Name of Child Carrie Spann { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Sept 20,</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME James Muckey
 (9) PRESENT POSTOFFICE OF FATHER Mount Pleasant
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Mt Pleasant S.C.
 (13) OCCUPATION Boatman
 (20) Number of children born to mother, including present birth { ..1.....

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Spann
 (15) PRESENT POSTOFFICE OF MOTHER Mt Pleasant
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Mt Pleasant S.C.
 (19) OCCUPATION Cook
 (21) Number of children of this mother now living, including present birth { ..1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leander Johnson

(24) State whether Physician or Midwife, (25) Address of Physician or Midwife
Midwife Mt. Pleasant

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness Geo. H. Roberts
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 20 1916 (28) Geo. H. Roberts
 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.