

MARGIN RESERVED FOR BINDING.

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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Chas  
Township of .....  
or  
Inc. Town of .....  
or  
City of Chas S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Miss James Carbin

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age 16 (7) DATE OF BIRTH Feb 2 19 22  
(For use of Local Registrar)

FATHER.  
(8) FULL NAME Miss James Carbin  
(9) PRESENT POSTOFFICE OF FATHER Chas S.C.  
(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 24 (Year)  
(12) BIRTHPLACE Chas S.C.  
(13) OCCUPATION Teacher  
(20) Number of children born to mother, including present birth 1 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Messine Logan  
(15) PRESENT POSTOFFICE OF MOTHER Chas S.C.  
(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 20 (Year)  
(18) BIRTHPLACE Chas S.C.  
(19) OCCUPATION Wardmaid  
(21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Miss (at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 15th St

Given name added from a supplemental report  
.....  
.....  
..... 19 ..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 2/7 19 22 (28) Local Registrar [Signature]

\*When there was no attending physician or midwife, then the father, householder, etc., if a child breather even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

When a mother even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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

File No.—For State Registrar Only  
3453

Registration District No. 9A Registered No. 303  
(For use of Local Registrar)

St.; ..... Ward)

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