

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. Pleasantor  
City of .....(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St. .... Ward ....)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76062

Registration District No. 9. B ..... Registered No. 44 .....

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</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>Married</u>	(7) DATE OF BIRTH <u>Sept. 1<sup>st</sup></u> , 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Wilmot Cadet

(9) PRESENT POSTOFFICE OF FATHER Mt Pleasant

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Charleston SC

(13) OCCUPATION Barber

(20) Number of children born to mother, including present birth { 7 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Michel

(15) PRESENT POSTOFFICE OF MOTHER Mt Pleasant SC

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Charleston SC

(19) OCCUPATION Dress maker

(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 4. Am M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dally Robinson

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

Midwife Mt Pleasant SC

Given name added from a supplemental report

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

Registrar

(26) Witness Geo. W. Roberts  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 2 1916 (28) Geo. W. 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.