

(1) PLACE OF BIRTH  
County of Pickens  
Township of .....  
or  
Inc. Town of Carley  
or  
City of Carley  
(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  
**50200**

Registration District No. 37.9 Registered No. 9  
(For use of Local Registrar)

(2) Full Name of Child Madolene DeLamoth West If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 5, 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Wright W. West  
(9) PRESENT POSTOFFICE OF FATHER Carley, S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE Greenville Co. S.C.  
(13) OCCUPATION School Teacher  
(20) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE May Belle DeLamoth  
(15) PRESENT POSTOFFICE OF MOTHER Carley, S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE Anderson Co. S.C.  
(19) OCCUPATION Domestic  
(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 5:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. A. Ngalt  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Carley 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 Feb. 8, 1916 (28) C. A. Ngalt 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.

Registrar I Local Registrar.

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MAILED IN REGISTERED ENVELOPE 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
J. B. McCaw, of Columbia.