

FORM NO. 5

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.

McCaw of Columbia

McCaw

(1) PLACE OF BIRTH

County of SumterTownship of Providenceor
Inc. Town ofor
City of

(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

57784

Registration District No. 4115Registered No. 39
(For use of Local Registrar)(2) Full Name of Child. Rose Carter

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

(6) Are Parents Married? no(7) DATE OF BIRTH 2-26-1916
(Name of Month) (Day) (Year)

(8) FULL NAME

Alecia Carter

(9) PRESENT POSTOFFICE OF FATHER

your address

(10) COLOR OR RACE

colored(11) AGE AT LAST BIRTHDAY about 2 years
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

laborer

(14) NAME BEFORE MARRIAGE

Rose Pearson

(15) PRESENT POSTOFFICE OF MOTHER

Providence SC

(16) COLOR OR RACE

colored(17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

laborer

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

1

(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 living, at 3 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia R. Ricks

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Providence SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

May 3, 1916

(28)

B. M. Slaughter

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.

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