

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M.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 8.  
 McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Charleston **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. 9A Registered No. 234  
 or  
 City of Charleston No. 240 St. Philip (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; ..... Ward;

File No. — For State Registrar Only  
**48286**

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

(3) <del>SEX</del> OR GIRL?	(4) Twin or Triplet? <small>Is he answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 24</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>William J. Carthington</u>			(14) NAME BEFORE MARRIAGE <u>Julia Bell McDonald</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Char. S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Char. S. C.</u>	
(10) COLOR OR RACE <u>White.</u>	(11) AGE AT LAST BIRTHDAY <u>38.</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White.</u>	(17) AGE AT LAST BIRTHDAY <u>23.</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Charleston S. C.</u>			(18) BIRTHPLACE <u>Charleston S. C.</u>	
(13) OCCUPATION <u>Carpenter.</u>			(19) OCCUPATION <u>House W. C.</u>	
(20) Number of children born to mother, including present birth { <u>1</u> }			(21) Number of children of this mother now living, including present birth { <u>1</u> }	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive, at 1.30 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Sarah A. Jones Midwife.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
707 St. C. Char. S. C.

Given name added from a supplemental report  
 ..... 191....  
 .....  
 Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed 7/8 191... (28) J. Merce's Green M.D.  
 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.