

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 3.
 McCaw of Columbia.

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of
 or
 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
45589

Registration District No. 9A Registered No. 39
 (For use of Local Registrar)
 (No. 122 Sheppard St. St.; Ward)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Harry Logan

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 6
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Maris Logan
 (9) PRESENT POSTOFFICE OF FATHER Charleston
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
 (Years)
 (12) BIRTHPLACE Russia
 (13) OCCUPATION Gracer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Below
 (15) PRESENT POSTOFFICE OF MOTHER Charleston
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (Years)
 (18) BIRTHPLACE Russia
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Kate Walker

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

Midwife 2 Eickburn St.

Given name added from a supplemental report

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

(27) Filled 1/13/06 (28) 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.