

FORM NO. 6 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.

(1) PLACE OF BIRTH  
County of Charleston  
Township of .....  
or  
Inc. Town of .....  
or  
City of Charleston (No. 4 Bull)  
(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  
**76032**

Registration District No. 9A Registered No. 1028  
(For use of Local Registrar)  
St.: ..... Ward

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 21<sup>st</sup> 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Ernest Mertz  
(9) PRESENT POSTOFFICE OF FATHER 4 Bull St  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION clerk  
(20) Number of children born to mother, including present birth { ..... 6 .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Theresa McHenry  
(15) PRESENT POSTOFFICE OF MOTHER 4 Bull St.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION .....  
(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 born alive ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) .....  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 9/28 6 191..... (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.