

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*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75956

Township of

or

Inc. Town of

or

City of

*Charleston*

Registration District No.

*9A*

Registered No.

*933*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Mary Elizabeth Wymie*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

*Girl*

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets.

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

*Sept 2 1916*

FATHER.

(8) FULL NAME

*Walter Robert Wymie*

(9) PRESENT POSTOFFICE OF FATHER

*Charleston SC*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*25*  
(Years)

(12) BIRTHPLACE

*Columbia SC*

(13) OCCUPATION

*Medical Student*

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

*1*

MOTHER.

(14) NAME BEFORE MARRIAGE

*Augusta Louise Condon*

(15) PRESENT POSTOFFICE OF MOTHER

*Charleston SC*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*21*  
(Years)

(18) BIRTHPLACE

*Charleston SC*

(19) OCCUPATION

*Medical Student*

(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 *born alive* at *425 P. M.* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

*Graser Wren*

(24) State whether Physician or Midwife

*Physician*

(25) Address of Physician or Midwife

*1277 Calhoun St.*

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

*9/9 1916*

(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.