

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  
(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  
**75970**

Registration District No. 9A Registered No. 947  
(For use of Local Registrar)  
Bonesonatorium St.; ..... Ward  
(No. ....)

(2) Full Name of Child Martine Wood { 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? yes (7) DATE OF BIRTH Sept 14 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Walter W. Wood  
(9) PRESENT POSTOFFICE OF FATHER 171 Spring St  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Organ maker  
(20) Number of children born to mother, including present birth { 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Pearl Bleeker  
(15) PRESENT POSTOFFICE OF MOTHER 171 Spring St  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) B. Shaw  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 80 West 10th St

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by marks)  
(27) Filed 9/12 1916 (28) J. M. ... 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.