

FOR NO. 1
 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.

(1) PLACE OF BIRTH
 County of *Charles*
 Township of *Chapin*
 or
 Inc. Town of
 or
 City of *Charles*
 (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
 84624

Registration District No. *9X* Registered No. *1737*
 (For use of Local Registrar)
 City of *Charles* (No. *11* *Shunk* St.; *Ward*)
 (2) Full Name of Child. *Esmine Clucolum* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Nov 6 1916</i> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <i>Jerry Clucolum</i>			(14) NAME BEFORE MARRIAGE <i>Eva Luralls</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>1 Shunk</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>11 Shunk</i>	
(10) COLOR OR RACE <i>cul</i>	(11) AGE AT LAST BIRTHDAY <i>22</i> <small>(Years)</small>	(16) COLOR OR RACE <i>cul</i>	(17) AGE AT LAST BIRTHDAY <i>20</i> <small>(Years)</small>	
(12) BIRTHPLACE <i>John's Island</i>			(18) BIRTHPLACE <i>City</i>	
(13) OCCUPATION <i>Chauffeur</i>			(19) OCCUPATION <i>domestic</i>	
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>One</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was *born alive* at *5:10 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) *Alice L. Byrnes*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *15 Shunk*

Given name added from a supplemental report
 (26) Witness *Jerry Shunk*
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *11/10/16* (28) *Leon Benov* 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 birth month of pregnancy.

Filed *11/13/16*
 Registrar *Cor. 2/2/39* Leon Benov, Registrar
 Rego.