

(1) PLACE OF BIRTH
 County of Charles
 Township of Shubert
 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)
 No. 11 Shubert St.; Ward)

(2) Full Name of Child. Esmine Clucolum } 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 Nov 6 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Jerry Clucolum</u>		(14) NAME BEFORE MARRIAGE	<u>Eva Duralls</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>1 Shubert</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>11 Shubert</u>	
(10) COLOR OR RACE	<u>cul</u>	(11) AGE AT LAST BIRTHDAY	<u>22</u>	(16) COLOR OR RACE	<u>cul</u>
(12) BIRTHPLACE	<u>John's Island</u>		(17) AGE AT LAST BIRTHDAY	<u>30</u>	
(13) OCCUPATION	<u>Chauffeur</u>		(18) BIRTHPLACE	<u>City</u>	
(20) Number of children born to mother, including present birth	<u>1 one</u>		(19) OCCUPATION	<u>domestic</u>	
			(21) Number of children of this mother now living, including present birth	<u>one</u>	

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 (25) Address of Physician or Midwife 15 Shubert

Given name added from a supplemental report
 (26) Witness Jerry Clucolum
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 11/10 1916 (28) Leon Benoit 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 first month of pregnancy.

FORM NO. 3
 MARGES RESERVE FOR BINDING
 WRITHE 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.

Filed 11/13/16
 Registrar Cor. 2/2/39
 Leon Benoit, Local Registrar
 Rego.