

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.

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">48327</div>
(1) PLACE OF BIRTH County of <u>Charleston S.C.</u> Township of or Inc. Town of or City of <u>Charleston S.C.</u> (No.) <u>171. Coming St.</u> (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 <u>Frank Smith</u>		Registered No. <u>187</u> (For use of Local Registrar) St.; ... <u>Ward</u> If child is not yet named, make supplemental report as directed
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>to be answered only in event of Delivered Infants</small>	(5) Number in order of birth (6) Are Parents Married? <u>yes</u>
(7) DATE OF BIRTH <u>Feb. 18, 1916</u> <small>(Name of Month) (Day) (Year)</small>		
FATHER.		MOTHER.
(8) FULL NAME <u>Frank Smith.</u>		(14) NAME BEFORE MARRIAGE <u>anna Belle.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>
(12) BIRTHPLACE <u>Charleston S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>
(13) OCCUPATION		(18) BIRTHPLACE <u>Charleston S.C.</u>
(19) OCCUPATION <u>Housekeeper.</u>		(20) Number of children of this mother now living, including present birth <u>one.</u>
(20) Number of children born to mother, including present birth <u>Four.</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> <u>2:20 P.M.</u> <small>(Born alive or stillborn) (Hour, M. or P.M.)</small> on the date above stated.		
(23) (Signature) <u>Eliza G. Butler</u>		(24) State whether Physician or Midwife <u>Midwife</u>
(25) (Signature of Physician or Midwife) <u>71 Coming St.</u>		
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
(27) Filed <u>7/21/1916</u> (28) <u>J. Mercer, Green M.S.</u> 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.

McCauley of Columbia