

FORM NO. 6. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. R.—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 .....

City of Charleston (No. 105 Base)

(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

76031

Registration District No. 9A Registered No. 1027

(For use of Local Registrar)

(2) Full Name of Child M. J. J. J. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 3, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Alex M. M. J. J.  
(9) PRESENT POSTOFFICE OF FATHER 105 Base St.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Real Estate Agent.  
(20) Number of children born to mother, including present birth { 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Sarah Howard  
(15) PRESENT POSTOFFICE OF MOTHER 105 Base St.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Ga.  
(19) OCCUPATION  
(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 alive at H. P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. P.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 960 ... 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 9/28 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.